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## **Problematisations of Youth, Sex and Risk in Sexual Health Policy**

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**PROBLEMATISATIONS OF YOUTH, SEX AND RISK IN  
SEXUAL HEALTH POLICY**

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January 2017**

**Thesis submitted in fulfilment of the requirements for the PhD  
degree at the School of Education, Communication and Society,  
King's College London, University of London.**

## **Abstract**

This thesis tracks the process of how politics addresses the problem of youth sexual health by comparing policy texts from Sweden and England. The purpose is to seek new insights into how we are governed, following Foucault and his notion of 'problematization'. The analysis tracks the objectives and effects of power, revealing the kind of techniques, knowledges and mechanisms that make youth sexual health an intelligible and legitimate problem for policy. The research questions are: How is youth sexual health problematised in Swedish and English policy texts? And how do the English and Swedish problematisations of youth sexual health compare in terms of similarities and differences and how can these be understood?

The analysis reveals a shared biopolitical problematisation in the Swedish and English texts, inspired by neoliberal aspirations of how to govern youth through freedom. Analytically, this can be described as a common governmentalised problem-space. However, the analysis also highlights the specificity of the effects of biopolitics, highlighting the contingent constellations of power emerging within each empirical context of youth sexual health, as biopolitics expands. Further, the frame of biopolitics proves particularly useful for comparative analysis as it bridges across empirical context revealing the systemic character of how biopower orders and administers the living, while also capturing local differences that allow meaningful theorisations on how youth sexual health is problematised in policy texts.

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## Abbreviations

Abbreviation	Meaning
IAG	Independent Advisory Group
IPPF	International Planned Parenthood Federation
KAB	Knowledge, Attitude and Behaviour
NGO	Non-Governmental Organisation
RFSU	The Swedish Association for Sexuality Education
SRHR	Sexual and Reproductive Health and Rights
SRE	Sexual and Relationship Education
STI	Sexually Transmitted Infections
TPIAG	The Teenage Pregnancy Independent Advisory Group
TPS	Teenage Pregnancy Strategy
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

## Chapter 1

### **Introduction**

This chapter introduces the reader to the core elements of the study, including the aim, research questions and objectives. It also introduces the object and field of study, as well as its theoretical grounding.

#### **1.1 Outline of the Chapter**

The chapter is structured into two parts. The first part begins with the background and rationale of my thesis, introducing the idea of 'problematizations' as an object of study and making an argument for the discursive approach to the 'problem' of youth sexual health. This means that problems are conceived as the effect of the problematising activity of 'how to govern', rather than as a response to a problem that is 'out there' waiting to be solved. This first part also includes the aim and research questions, as well as the objectives, analytical approach and material of my thesis.

The second part of this chapter is intended to begin to give shape to the overall theoretical framework. To do this, I first introduce the reader to policy analysis as discursive analysis, followed by a more specific discussion of the Foucauldian framework. Here I introduce the categories and concepts I apply in order to study problematisations in

policy texts. The final section of this chapter offers an outline of the thesis providing a brief introduction to every chapter.

## **1.2 Background, Rationale, Aim and Research Questions**

This first part of the introductory chapter is intended to present the research problem and questions of the thesis. With this initial discussion, I hope to make an argument for the study of the 'problem' of youth sexual health.

### **1.2.1 Background and Rationale for the Thesis**

This thesis emerged as a result of my experience of working in Sweden for The Swedish Association for Sexuality Education (RFSU, *Riksförbundet För Sexuell Upplysning*) between 2008 and 2010. RFSU is a non-profit organisation that works to promote a positive view of sexuality into the socio-political fabric of Swedish society. As such, RFSU works on a whole range of issues including international outreach, public awareness campaigns, sexual policy monitoring, health clinics, sex and relationship education (SRE), and more. During my time with RFSU I worked primarily developing methods for SRE but became familiar with the sexual health policy field as a whole, which now includes sexual rights, health, reproduction, citizenship, social, economic, political and other related issues. The concepts 'sexual

health' and 'sexual rights' have emerged as terms to describe the complex and interconnected nature of the issues and challenges related to sexuality (Parker et al. 2004).

The concept of sexual health, in particular, has witnessed an upsurge in academic research since the 1990s (Sandfort and Ehrhardt 2004). According to Sandfort and Ehrhardt (2004) using the term 'health' implies a risk of emphasising medicalised frameworks in the sexual domain (see also, Correa et al. 2008). However, it is precisely the connection between sexuality and health that has helped make sexuality a legitimate and familiar field of public policy in the 21st century (Parker and Aggleton 1999; Parker et al. 2004; Wellings et al. 2012). Arguably, sexual health can be described as one of the most successful concepts in the landscape of sexual politics (see, Petchesky 1995; Tiefer 2002; Parker et al. 2004). Today, despite the fact that sexuality remains a complex, heavily contested and politically sensitive issue, sexual health promotion is a dynamic and growing field of policy and research, and an engaging space for theorists and practitioners alike.

In 2010 I left my work in Sweden and moved to the United Kingdom to pursue my doctoral studies. In the UK, I encountered a political environment with its own responses to sexual health, its own policies and its own practices. I also immediately encountered the reputation of Sweden as being sexually advanced and open, alongside concerns



about sexual health issues in the UK. I found that recent sexual health policies in the UK have developed according to an argument that claims that the UK lags behind other European countries, in particular, Sweden and the Netherlands (Arai 2003).

A UNICEF report published in 2001 ranked the UK at the very bottom of the list for teenage pregnancy prevention; for having the highest rates of teen pregnancies in Europe. This UN report sparked a public debate that led the UK Government to consider the issue a priority (House of Commons Health Committee 2003; Health Protection Agency 2007). The report called out failing countries for 'doing little to prepare their young people for the new and different world in which they find themselves' (UNICEF 2001: 13). Further, it prompted ministerial delegations from the UK Government to visit more successful countries in order to learn from them (House of Commons Health Committee 2003). Sweden and the Netherlands were the chosen destinations for these visits as they were identified by the Government as examples of two 'socio-economically comparable countries, and [...] examples of good practice in terms of sexual health services for young people and of infectious disease control.' (House of Commons Health Committee 2003: 9).

Although the UNICEF report was very influential in the United Kingdom, it was not the only research to support the narrative of comparison.

The UK has been described as conservative and 'puritanical' in sexual health matters (Hoggart 2006) while Sweden and the Netherlands are seen as having a 'pragmatic' approach that contrasts with the cultures and approaches to youth sexuality in the UK (Thomson 1994a: 116). A series of problems in the UK have since been linked to a 'sexual openness' deficit (Arai 2003) and to the poor knowledges and widespread misconceptions about sex among British youth (Arai 2003; Hoggart 2006).

Why did the comparative construct of a Swedish sexual openness in opposition to a puritanical English culture persuade people so much? What made the UNICEF report comparing international statistics so influential in the UK while other research is easily dismissed or forgotten?

What interests me is not whether there is sufficient or accurate evidence to suggest that Swedish population *is* more sexually open, educated and competent than the English, or the extent to which this explains the Swedish high ranking position in international reports on sexual health. Instead, *my interest is in how these problematisations become policy 'truths' and make knowledges and practices intelligible, and legitimate political action* (Ball 2015).

In this thesis, I therefore apply Foucauldian analytics in order to approach policy 'problems' as phenomena that have been produced via practices of problematisation as a 'problem' amenable to governmental 'solutions' (Foucault 2007, 2008). Following Foucault's analytics, I seek to examine the process of how politics 'addresses' the problems it encounters as a tool to understanding how certain constructs emerge, persist or disappear.

This process can be described as a 'problematizing activity' (Rose and Miller 1992: 181) and, in the case of the topic explored by my thesis, the focus is on how sexual health 'problems', and their related concepts, are thought of, understood and made relevant for political intervention.

### **1.2.2 Aim and Research Questions**

In this thesis I seek to use a comparative perspective to examine and understand the similarities and differences between problematisations of youth sexual health across different settings.

The aim of my analysis is to compare how English and Swedish policy texts problematise young people's sexual health.

In order to do so, my research questions are as follows:

*a) How is youth sexual health problematised in Swedish and English policy texts? And:*

*b) How do the English and Swedish problematisation of youth sexual health compare in terms of similarities and differences and how can these be understood?*

### **1.2.3 Objectives of the Thesis**

The objective of this thesis is to explore *how we are governed through problematisations*. One clarification that must be highlighted in relation to this objective is that this thesis does not seek to produce any normative claims about the English or Swedish youth or their countries sexual health policies. This is not to say that the thesis is not invested in the highly contested field of sexual health politics, nor does it mean that it has no value for those negotiating the different tendencies in said field. It means that the kind of knowledge that can be produced by applying Foucauldian analytics of problematisations to analyse policy is not suited for the purpose of ranking, approving or disapproving of any of the different positions or policies analysed. It does, however, offer other forms of valuable contribution.

It is necessary to make this point in response to the contemporary problematisations of what counts as valuable knowledge for the political process (Lather 2010; Hernandez 2012), and the problematic nexus of (positivist) research and policy in the uncritical uses of quantitative data analysis for policy (Kopstein and Lichbach 2000; Lather 2010). As seen above, comparing Sweden and England has been used as a way to provide a narrative about the sexual cultures in these countries from which certain normative claims can be made. Following Foucault (2007, 2008) I argue that knowledges that fail to engage with the historicity of the context in which they propose to intervene are limited, not only in terms of producing meaningful accounts of the phenomena they investigate, but also in terms of the value of the insights that can be gained from such comparisons in order to inform political action.

However, it is that same historicity of contexts that make comparison a powerful tool to illuminate the constitutive nature of policy problems (Ronnblom 2012). This is because, following Foucault, comparisons can be used to reveal the historically contingent processes that have made those problems and solutions relevant in a particular place and at a particular time (Foucault 2007, 2008). The idea is that creating 'a dialogue between the identified problem representations within contrasting problematisations' (Ronnblom 2012: 133), illuminates the specificity of contexts rather than universal realities across time,

cultures or geophysical settings. This, in turn, offers new and creative ways to understand the similarities and difference across contexts, and opens up fields for action.

The objective of comparison here is therefore dual; first, my goal is to challenge the trend in comparative policy analysis that emphasises factors or 'indicators' and '[compares] in order to find out what is best' (Kopstein and Lichbach 2000: 27, see also, Grek 2009; Lather 2010). My goal is to move away from this type of comparative analysis, towards a deeper consideration of contexts (Ronnblom 2012; Bacchi 2012). And second, to reveal the contingent *processes* of rule (Rose 1999) and mechanisms that make youth sexual health institutionally intelligible and legitimate. By doing so, I seek to offer new and alternative ways to understand and address the differences and similarities across different settings (as opposed to identifying and following 'models' of 'what works' or 'best practice').

### **1.3 Contributions to Policy Analysis**

By achieving the objectives of this thesis I hope to contribute to the body of literature seeking to offer ways of understanding 'how we are governed' (Foucault 1991: 79, see also Foucault 2007, Butler 2009). I wish to contribute, more specifically, to the literature that examines how we are governed by applying Foucault's analytics of

problematisations to analyse government policies and documents (e.g., Wright and Harwood 2009; Triantafillou 2012; Ball 2013; Repo 2015).

My main focus revolves around deploying and developing this specific approach to policy analysis, as a useful tool to explore how we are governed. My objective is to apply Foucault's analytics in the area of youth sexual health promotion. My choice of this field of public policy is not random. My goal is to challenge the idea of policy-making as a primarily technical, problem-solving exercise (Bacchi 2012). Sexual health promotion is a highly debated field of policy in itself (Wellings et al. 2012). But when 'youth' is added to the mix, policies become a sensitive and fiercely contested arena (Ingham and Mayhew 2006). As such, the challenges in this field of policy extend far beyond matters of allocating funding and solving technical issues. Youth sexual health reveals the complex interaction of religious, cultural, socio-economic and political agendas involved in the processes that formulate public policy. Nowhere is this more evident than in the field of sexual education (Irvine 2000; Duncan 2011). In relation to research, youth sexual health policies often ignore or manipulate evidence, despite the increasing pressure on governments to use 'evidence' to support their claims (Ingham and Mayhew 2006; Santelli 2008). However, it would be wrong to think of the difficulties of negotiating policy goals as the result of clearly formulated and opposing political agendas (e.g., conservative vs. progressive agendas). In reality, the relation between

sexual health policy and research is highly complex (Ingham and Mayhew 2006). In this sense, youth sexual health shares some characteristics with health promotion in general in that it reveals a distance between what we *know* and what we *do* (between research evidence and actual policy). This distance is sometimes described as the 'gap' in health promotion (Bacchi 2008). Some argue that the discrepancy between what we know and what we do is a reflection of the 'politics of knowledge', which makes it particularly difficult for research that demands radical political action to be heard (Hernandez 2012). Others have focused their attention on how the relationship between research and policy *ought* to work (Bambra et al. 2005), suggesting that, for example, researchers should design their policy analysis to better *fit* the policy-making process if they wish to be heard (Lomas 2000).

Sociological input on the research policy interface has driven a longstanding debate in policy research that tries to challenge simplistic understandings of policy analysis (Fischer and Forester 1993), in attempts to move away from descriptions of 'what works' towards a deeper consideration of the 'workings of things' (see Heclo 1972). As a result, the research-policy interface emerges as something far more complex than the term 'policy analysis' would suggest (Beland and Cox 2010). Hence, while I define my study as policy analysis, I must clarify my use of this term before describing my analytical framework in the next chapter.



### 1.3.1 Complicating the Policy Analysis Construct

In order to explain how this thesis relates to the 'policy analysis' construct, a shift of focus is needed from the notion that policy research is the production of knowledge to be used in the policy process, to a broader understanding of the term, including studies that take the notion of 'policy' as the object of research. Hernandez (2012: 156) defines policy analysis as any study concerned with 'public policies and their impacts'. I support this definition because it is broad enough to include any study examining public policies in some way. However, the field of policy analysis has been fiercely guarded and historically reserved only for studies that maintain a positivist (classical modernist) approach and mirror the methodological rigour of the natural sciences (Hajer 2003). Any study using the term policy study must relate to the privileges policy studies with a strict focus on 'scientific' or technical knowledges enjoy (cf. Fischer and Forester 1993; Hajer and Wagenaar 2003).

Goodwin (2011) makes a useful distinction in relation to the term 'policy analysis' in her attempt to move beyond the limitations of the narrow definition of conventional policy analysis. She argues that policy analysis refers to all forms of research that are conducted *for* or *about* the policy process. Research conducted 'for' policy includes any study of any phenomenon that is conducted to inform, support or evaluate the policy process (Goodwin 2011). The general purpose of this form

of policy analysis is to assist the political process in achieving its goals. This includes, for example, the comparative research described in page 16; a study that identifies and quantifies the correlations that can operate as factors that measure and compare the sexual risk behaviours among youth in different countries.

Among the research that falls into the 'about' category, policy analysis refers to a family of approaches devoted to the study of the phenomenon, circumstances or effects more broadly of the policy-making process itself (Goodwin 2011). This would include those studies that explore the policy process, but also studies that seek to explain the social and political experience of the institutional process in diverse ways (Schmidt 2011). The legitimate sphere of policy analysis has traditionally been defined as those studies that fall within the 'for' category (Shaw 2010), that is, as studies aspiring to bring the dominant methodologies of 'scientific' knowledge into the political sciences by separating scientific analysis from subjective values and politics (Hajer 2003; Fischer 2003). However, the significance of language has become recognised in the political process as policy-making is increasingly understood as a complex and messy social process that does not resemble a clean, technical activity (Scott 1998; Hajer 2003; Fischer and Forester 1993).

In response to the need to address the importance of language for analysing policy, researchers have turned to deliberation, discourse, interpretive methods, and social constructivism, bringing a diverse and complex range of techniques of language and discourse analysis into the field of policy studies (e.g, Dryzek 1982; Hawkesworth 1988). Although the potential of discursive frameworks remains heavily contested (Shaw 2010; Lather 2010), the field of discursive policy analysis has expanded and produced new fields such as critical policy studies (e.g. Ney 2009; Hajer 2003), feminist policy studies (e.g. Marshall 1997; Kulawik 2009; Dahlerup & Freidenvall 2010) and governmentality studies (e.g. Marston and McDonald 2006; Clarke et al. 2003).

### **1.3.2 A Question of Method**

Although this introduction to policy analysis serves to locate my own study within the broad field of policy analysis, it does not say anything about the kind of method I use. Discursive analysis should not be thought of as a method, but rather a (cross) discipline (van Dijk 2011). In fact, a vast range of diverse methods can be explored in discursive approaches to analysis (e.g., see Burman and Parker 1993; Wetherell et al. 2001; Potter et al. 1990).

Different frameworks and strategies are available for discursive analysis ranging from those that radically distance themselves from positivist perspectives, such as post-structuralist analysis of discourse that treat 'policy-as-discourse' stressing contingency and social construction (Goodwin 2011; Shaw 2010; Bacchi 2009), to those that treat language as a variable or a particular system of beliefs or conceptual frameworks (Hajer and Wagenaar 2003; Radaelli and Schmidt 2004; Fairclough 2013).

A clear demarcation of what is meant by 'the discursive' nature of inquiry and how it is relevant for policy analysis and visions of politics is therefore essential (van Dijk 2011; Bacchi 2015).

## **1.4 Delimiting the Discursive**

### **1.4.1 Analysing Policy with Foucault's 'History of Problems'**

One of the key differences between a Foucauldian approach and other discursive attempts to illuminate the question of policy 'problems', is in relation to the 'gap' mentioned in the previous section (see page 23). While some seek to do analysis *about* policy in order to *solve* or *reduce* the 'gap' between research and policy (e.g., Sumner et al. 2011; Lomas 2000; Bamba 2011), Foucault's body of work points to a different direction.

Foucault offers a perspective where policy problems and solutions are two sides of the same coin, and interest lies not in adjusting the solution so that the problem gets fixed, but in understanding how this problem came to be constructed as such (Rose 1999). By this I mean that the kind of 'discursive' approach proposed by Foucault questions the very foundations of the 'problematics of government' and how these might be analysed (Miller and Rose 2008: 55).

This approach relies on the works of Foucault that revolve around theorisations of the way in which humans identify, think and address phenomena as problems, and attention to this process of problematisation or, in other words, 'the history of problems' (Rabinow and Rose 2003; Koopman 2011). As such, it is possible to consider how issues are 'problematised' as governable problems (Foucault 1997b).

As an approach to policy analysis, the Foucauldian approach rejects the notion of the universality of policy problems, as well as the notion of nation-states as stable and governable (Bacchi & Ronnblom 2011). Instead, it emphasises the historical process of producing problematised fields (see e.g. 'sexuality', crime or 'madness' in Foucault 1977, 1978), but also the function or purpose of producing them (see Foucault 2003, 2007, 2008).

### **1.4.2 Problematisation as the Object of Study**

Foucault's concept of 'problematisations' from his later work (see e.g., Foucault 1997b) serves to link up Foucault's concern with contingency and history with his idea that genealogy can have a critical value for living and acting in the present. For Foucault, 'problematization' is the main task of philosophy involving the critical-historical work of clarifying the problems at the heart of practices and projects we otherwise would take as unproblematic (Koopman 2011).

Foucault describes problematisations as a process by which objects and domains become problems for thought:

Thought is not what inhabits a certain conduct and gives it its meaning; rather, it is what allows one to step back from this way of acting or reacting, to present it to oneself as an object of thought and to question it as to its meaning, its conditions, and its goals. Thought is freedom in relation to what one does, the motion by which one detaches oneself from it, establishes it as an object, and reflects on it as a problem (Foucault 1997b: 117).

Also, Foucault explains that a new problematisation occurs when something no longer works; something:

'must have happened to introduce uncertainty, a loss of familiarity; that loss, that uncertainty is the result of difficulties in our previous way of understanding, acting, relating.' (Foucault, cited in Rabinow 2011: 89f).

The new situation and its conditions leave our taken for granted practices exposed as contingent, which the (re) problematising thought seeks to address, re-stabilising our practices within a 'problem-solution', intelligible order:

This development of a given into a question, this transformation of a group of obstacles and difficulties into problems to which the diverse solutions will attempt to produce a response, this is what constitutes the point of problematization and the specific work of thought (Foucault 1997b: 118).

Obstacles and difficulties are contingent, emerging throughout history as problematic practices that must be addressed through thought and action as new 'problems'. Hence, problematisations can only emerge in connection to both the contingent historical phenomenon and the formation of responses to it (Rabinow 2011). The problematisation itself determines the conditions in which possible responses can be given, as responses both sustain and stabilise problematisations. However, responses are also a dynamic component of stabilisation as well as the formation of counterpoint movements for its destabilisation (Rabinow 2011).

This kind of analysis does not seek to adjudicate between practices, defining them as either good or bad (Foucault 1997b). Instead, the analysis seeks to point out the dangers of conceptualising certain problems, such as crime, sexuality or madness, as something that can be 'solved' (Foucault 2007). The purpose of analysing problematisations is to 'instigate' further problematisations (possibilities for thought and action) rather than producing normative solutions (Foucault 1997b). It is therefore possible to understand Foucault's methodology as a 'genealogy as problematization' (Koopman 2009: 100); a form of empirical inquiry that does not seek

to establish normative conclusions but focuses on problematising things further.

#### **1.4.3 Which Foucault? Pointing to a Body of Work**

So far I have been describing some of Foucault's *analytics* and how he proposes to study the field of action of 'the work of thought' (Foucault 1997b), which he called problematisation. However, it is not only his *analytics* I deploy in my study, and therefore, the other elements I use from Foucault's body of work must also be specified. I follow Koopman and Matza (2013) in order to provide a clarification of the elements I have selected from Foucault's works. This clarification is necessary because it delimits the kinds of interrogation that my framework is designed for. I have chosen to ground my framework on Foucault's later work, which is far better suited to produce analysis of how governments seek to *govern*, than it is to analyse how individuals enact, navigate, resist or conform to being governed. This more performative scope for analysis is also present in Foucault's work, which is why such specification is needed.

I have already described Foucault's analytics of problematisations which help define the object of study. However, in order to apply his analytics, I also rely on other parts of Foucault's work, ending up with three separate elements; analytics (which I have described above),



categories and concepts. The categories are the Foucauldian axioms which serve as overall organising categories of thought (discourse, power, subject). The concepts are a network of concepts related to his own exploration of problematising activities of liberal governments (governmentality, technologies, *dispositif*). To clarify their differences further, these elements they are also distinguished by their function; *analytics* serve as methods for making the connections between the words and textual meanings to the governmental practice of problematising; *categories* are fixed, ontological assumptions I work with throughout the thesis; while the Foucauldian *concepts* are taken as possible explanatory frames, and their validity is therefore dependent on the empirical data (Koopman and Matza 2013).

The concepts that I include in this summary of Foucault's work were selected because they display a level of correspondence with the purpose and research questions of this thesis, as well as having demonstrated their usefulness during the empirical analysis. This means that they were picked from the multitude of available concepts because they managed to 'lift' the empirical material into useful theorisations/abstractions. Other concepts used by Foucault (e.g., episteme, pastoral power, etc.) were discarded along the way because they did not add more to the analysis.

Below I review the Foucauldian categories and concepts I use in this thesis. The elements of Foucault's analytics (how to apply his concepts) are discussed further in Chapter Two.

#### **1.4.4 Foucauldian Categories**

The core categories I ground in this thesis must be credited to a broad tradition of thought mostly associated with, but not limited to, philosophers and writers such as Derrida (1973), Deleuze (1968), Althusser (1971) and Foucault (1972). Nonetheless, I will describe these ideas mainly through Foucault's work.

The question of how to define the discursive, or discursive practices is central the deployment of Foucauldian categories. Some define discursive practice as mainly relating to issues of language use and meaning, or as Hall (2001:72) describes it: 'passages of connected writing or speech'. Foucault's concept of discourse offers a broader understanding of what can be thought of as being discursive (see Foucault 1972; 1977; 1980). According to Foucault (1972), discourse represents systems of knowledge and beliefs, historically, socially, culturally and institutionally situated, which produce collective ways of talking, perceiving and thinking about ourselves, others and things. Foucault (1972: 49) moves away from treating discourses 'as groups of signs (signifying elements referring to contents or representations)'

and argues we must see them as social practices that 'systematically form the objects of which they speak'. Hence, discourses offer us frameworks of language to think, understand and speak about the world, while also limiting what we can say about it. For Foucault (1972), there is no self before discourse and we cannot think, speak, act or 'be' outside of discourse. The self and the world are both produced within discourse. Foucault's concept of discourse builds on a notion of power as productive, as they contribute to producing the subjects we are, and the objects we can know something about (including ourselves as subjects) (Foucault 1978).

Moreover, discourses build on discursive formations of 'truth', which is why the discourses formed within medical and social sciences are so central to what is constituted as knowledge (see e.g., Foucault 1977; 1980). Common understandings of how things are tend to become unified and stabilised through certain scientific 'truths' that become naturalised and accepted as common sense. Hence, when studying policy problems and problem representations, these questions incite us to think more about how we think (Lather 1989), to examine how 'truths' are made, and to not take 'everything that passes for knowledge' for granted (Berger and Luckmann 1967: 14).

Power, then, is conceived as discursive, in that discourse:

[...] defines and produces the objects of our knowledge. It governs the way that a topic can be meaningfully talked about and reasoned about. It also influences how

ideas are put into practice and used to regulate the conduct of others (Hall 2001: 72),

Indeed, it does this by virtue of being 'designed to be persuasive, to win hearts and minds' (Wetherell et al. 2001: 17). In this sense, the political subject is not coerced by repressive forces from the outside but is itself an effect of power. This view comes as a result of Foucault focusing on power rather than agents and structures as primary categories. Power is productive, or constitutive, *and* limiting at the same time (Bacchi 2009). Hence, we are all participating in the reproduction of 'truths' embedded within discourse; we co-create them, we perpetuate them and sometimes we resist certain discourses, but we cannot not relate to them. Instead of subjects 'using' language, therefore, we have subjects *produced* in discourse, an understanding captured in the term 'subjectification' (Bacchi 2009: 16f).

Based on the categories described above Foucault developed a series of concepts in order to analyse the operation of power in the production of crime, madness and sexuality as 'problems'. In his later works (Foucault 2003, 2007, 2008) he focused especially on liberal forms of rule as 'problematizations'. I have selected the central concepts for my theoretical framework from that later part of Foucault's body of work.

#### 1.4.5 Biopolitics, Biopower and the Politics of Governing Life

As Rabinow and Rose (2003) noted, the concern for problematisations goes hand in hand with that of 'biopower' in Foucault's work. This is because the problematisations, practices and *dispositifs* Foucault examined revealed a particular relationship between discipline and freedom that he tried to specify with the concept of biopower (Koopman 2013). I will explain the term *dispositif* later in this section. First, I will consider the relationship between discipline and freedom, as Foucault defined it under the term 'biopower'. Biopower is the form power takes in order to be able to bring together discipline and freedom which would otherwise be incompatible. The objects of biopower, its methods and practices are 'given shape within a particular type of rationality' (Rabinow and Rose 2003: 24).

Foucault explored the influence of the sciences of health, sanitation, hygiene, and mental illness on society and individual practice. He noticed how the way in which these were problematised, and the kind of solutions (or treatments) that were used, shaped the way people thought and dealt with a whole range of issues (Foucault 2007). Biopower emerged as a solution to the problem of how to formulate and establish the necessary connections between the economy, the security of the state and the health of the population. It is through this new form power takes that these connections emerge in modern problematisations, practices and *dispositifs* (Nadesan 2008).

The problem of biopower is, then, the *problematic* of governing the human living being (Foucault 2007). The 'population' emerges as a result of biopower, as a strategy to intervene, not at the level of the individual, but at the abstract level of the organic characteristics of the human species. Understanding the vital patterns of life is what constitutes the population; birth, development, reproduction, disease and death (Rabinow and Rose 2006). As a result, regimes of government involving state apparatuses, medical sciences, private experts, and technologies of the self, emerge as biopolitical strategies that can both represent and act upon populations (Rabinow and Rose 2006; Nadesan 2008). The term 'biopolitics' serves to distinguish the strategies that have as their target the 'collective human vitality, morbidity and mortality; [...] the forms of knowledge, regimes of authority and practices of intervention that are desirable, legitimate and efficacious' (Rabinow and Rose 2006: 197).

In the form power takes as biopower, bodies and subjects are produced and regulated and Foucault coined the concept of 'governmentality' to describe these practices of governing (Rabinow and Rose 2006). Governmentality is therefore Foucault's analytic lens to examine a political power that extends beyond the state (Rose and Miller 1992). It is the historical transformation into *biopolitical rationality* within the modern state, which constitutes the background of what he calls governmentality (Rabinow and Rose 2006). In a biopolitical rationality

the issue of power and, in particular, of how we are 'governed' is no longer thought of in terms of a dualism of freedom and constraint, consensus and violence (Rabinow and Rose 2006; Lemke 2002). Instead, the polarity of power and subjectivity is replaced by a continuum which extends from political (state) government right through to forms of self government, which Foucault called 'technologies of the self' (Lemke 2002: 59).

#### **1.4.6 Biopolitics and the Deployment of *Dispositifs***

Foucault uses the concept of *dispositif*, which is sometimes called apparatus in English, to emphasise that the analysis of power relations cannot be confined to the study of discourses, but needs to explore the intersection of discourses with various heterogeneous elements such as laws, techniques, administrative procedures, tactics, etc. (Walters 2012). Foucault emphasizes how the three major apparatuses (sovereignty, discipline, security) all express distinct dispositional logics and are, at one and the same time, able to share common material. He uses the example of a crime, to which each apparatus would have different responses. The legal apparatus exists as a codifying and prohibitive mechanism that lays down a binary order, eventually supported by sanctions, to be respected by every legal subject. The law distinguishes sharply between the *permitted* and the *forbidden* to specify the unwanted acts (Foucault 2007).

The apparatus of discipline is *preventive* and *productive*, where 'a series of adjacent, detective, medical, and psychological techniques appear which fall within the domain of surveillance, diagnosis, and the possible transformation of individuals' (Foucault 2007: 5) to prevent the unwanted act. It is productive, because it must often fabricate something new (the wanted) to be put in the binary relation to the unwanted.

Finally, the apparatus of security inserts the problem in question (Foucault's example is theft, see Foucault 2007) within a series of probable events, then in a calculation of cost, and finally, instead of a binary division, one establishes 'an average considered as optimal on the one hand, and, on the other, a bandwidth of the acceptable that must not be exceeded' (Foucault 2007: 6). Hence, for the same phenomena, the distribution of things and mechanisms can be radically different.

None of the forms of power are able to saturate a problem-space in its totality. Problem-spaces do not constitute a legal, disciplinary or security domain only (Collier 2009). However, any of the three *dispositifs* may represent the dominating characteristic in a problem-space by defining its general direction, norms and shape, as long as this allows a level of compatibility with the other two forms of power (Villadsen 2015). This means that a range of rationalities and



techniques of power (from three distinct *dispositifs*) can operate simultaneously on the same body, at different levels, pursuing different goals (Collier 2009). The key for this to work is that all the heterogeneous elements (laws, rationalities, techniques, tactics, procedures, etc.) must be put into a coherent 'system of correlation' (Foucault 2007: 8). This happens when the different elements are taken up by apparatuses (*dispositif*) of power, through juridico-legal mechanisms (sovereignty), disciplinary mechanisms (discipline), and mechanisms of biopolitics (security), so that all elements can be reconfigured and assembled into a coherent 'system of correlation' (Foucault 2007: 8). This process of reconfiguration is what problematisations make possible as they open up previously existing configurations of power (because they have lost their coherence in the face of new difficulties or obstacles) (Collier 2009). This configuration of elements is an active re-invention of the present that produces new forms of understanding and acting upon the world.

In this thesis I follow Foucault's thinking around biopower, biopolitics and problematisation, as well as the authors who have picked up and developed these ideas further (see e.g., Castel 1991; Miller 2001, Rose 2007; Dean 2007; Miller and Rose 2008; Rabinow 2011, among others) to analyse the policy documents I have selected (see Chapter Two).

## **1.5 Structure of the Thesis**

This introductory chapter is the first of seven chapters included in this thesis. In Chapter One I have introduced the core elements of the thesis, including the field and object of study, the aim and research questions. I have also introduced the theoretical framework of the thesis.

In Chapter Two I develop the methodological framework and establish the research design, method of document analysis, as well as the selection of the empirical material. Chapter Two is therefore divided into three parts. The first one explains how I use Foucault's analytics and concepts in order to design a genealogy inspired framework for the empirical analysis. I combine the analytics of the framework with the reading techniques and guidelines provided by Bacchi (2009). I further structure the Foucauldian framework by borrowing Dean's (2007) classification of effects for analytical purposes.

The second part of Chapter Two explains how I apply the framework I have outlined in order to examine the policy documents I have selected as empirical data. The third and final part of the chapter discusses the selection process of the empirical material and the use of secondary sources within the research design.

Chapter Three reviews the secondary sources included in this thesis, distinguished in two separate parts. The first part is a contextualising

review that locates the documents I have selected as empirical material within their respective English and Swedish policy fields. The purpose of this review is not to produce an in-depth review of youth sexual health in England and Sweden, but rather to account for the selection of the empirical material and contextualise the selected policy documents. As such, it is a review of some of the key developments and policy documents in each policy field.

The second part of Chapter Three is a literature review focused on the core constructs around youth, sex and risk, and emphasising the literature that explores the processes through which states have tried to govern youth, that is, to regulate the behaviour and affect the sexual lives of young people.

Chapter Four is the first of the three analysis chapters. The material from each country is read separately; the Swedish material in Chapter Four and the English material in Chapter Five.

Chapter Four follows the framework described in Chapter Two, using the help of Bacchi's (2009) guiding questions to interrogate the material. The Chapter is structured according to three functions: how to see the problem, how to diagnose the problem and how to act on the problem. In each function various discursive elements (tactics,

techniques, discourses, etc.) of the problematisation of youth sexual health are identified and examined.

Chapter Five follows a similar outline as Chapter Four, examining and identifying the core elements of the problematisation of youth sexual health in the documents from England, based on the framework detailed in Chapter Two. The chapter is thus distributed in three main parts that discuss how the problem is made visible, how it is diagnosed and the kind of means that are proposed as remedies.

The final analysis chapter, Chapter Six, takes the analysis of each set of documents in Chapters Four and Five as the point of departure in order to compare the similarities and differences between the ways in which youth sexual health has been problematised in the two different settings. Chapter Six explores how the two contexts can be compared and theorised in meaningful ways, emphasising singularities and contexts while also maintaining a focus on systemic analysis of power and bridging within and across contexts.

Chapter Seven is the final chapter of the thesis. It offers a discussion of the implications of the analysis and thoughts about the analytic process. This chapter reconnects with the research questions to explore the kind of answers offered by the analysis and the potential insight they might provide. Theoretical and practical significance of the

analysis is explored as well as the limitations of the analysis and potential questions to be explored future research.

## **1.6 Chapter Summary**

This Chapter introduces the thesis and defines its key argument. The argument developed in this chapter is that problematisations about youth sexual health emerge as policy 'truths' make certain knowledges and practices intelligible which, in turn, legitimate political action. In this thesis, this process is recognised as a 'problematizing activity' (Rose and Miller 1992: 181) that emerges as a response to a difficulty or obstacle to produce a solvable 'problem'. Following Foucault's later works on the 'history of problems', in this chapter I propose to analyse specific policy documents from two countries, Sweden and England, to compare how the 'problem' of youth sexual health has been problematised in each case, and examine the effects. The next chapter explains the research design and methods used for this purpose.

## Chapter 2

### **Research Design, Method and Material**

The purpose of this chapter is to account for how I deploy Foucault's concepts and analytics, describe the method and the material I use in order to analyse and compare how youth sexual health is problematised in policy texts.

#### **2.1 Outline of the Chapter**

This chapter is organised into three main tasks that correspond to three main elements of the framework I develop in this chapter. The first task is to detail how I use Foucault's analytics of problematisations to delimit the object and scope of the empirical analysis. Using the elements of Foucault's works discussed in the previous chapter (Chapter One), I develop a framework of analysis to analyse problematisations in policy documents. This task is carried out in the first section of this chapter.

The second task is completed in the second section of this chapter, where I define and describe how I develop a method of analysis based on my framework. In this second section I detail the specific phases, organisation and steps involved in the reading of the texts I have selected for the empirical analysis.

In the third section of this chapter, I complete the third and final task by explaining and detailing the selection criteria for the empirical material and accounting for how primary and secondary sources are used in my thesis.

A fourth and final section closes the chapter with a discussion of the limitations of the framework of analysis I have produced and presented in this chapter.

## **2.2 Delimitations: Tasks One**

To embark on the first task of this chapter I begin by defining how I intend to apply Foucault's notion of problematisation in my analysis. Based on a Foucauldian understanding of problematisations, 'problems' and 'solutions' are two sides of a coin. The object of analysis is neither the problems nor their solutions themselves but the process of problematisation that put the two in a coherent relationship and the conditions (social, economic, political processes) that made that specific arrangement possible (Foucault 1997b). This is not to say that the difficulties or problematic conditions that led to them being problematised into a 'problem' are not important to the analysis. The question is how politics responds to the real situation it has encountered; which mechanisms and techniques are deployed to respond to it in such a way that a 'problem' can emerge (Foucault 2007).

Central to analysing problematisations is that the object of the analysis cannot be located in the 'real' or in the prescribed solutions governments deploy to change the 'real'. It is located in the relationship that emerges between that difficulty and the political response to it (Foucault 1997b, 2007). As I mentioned in Chapter One, problematisation is an active process of recombination of heterogeneous elements, located within the relationship between the 'real' and a political response to it, and this constitutes the object of my analysis.

### **2.2.1 Problematisation as the Object and Scope of Analysis**

So what can my analysis ask of problematisations? The object of analysis is located at the nodal point that connects multiple elements and does not ask what 'solves' this problem, or which proposed answer is best. What the analysis can ask of this object is 'why a problem and why such a kind of problem, why a certain way of problematizing appears at a given point in time' (Foucault 1997b: 141).

Deploying Foucault's analytics along these lines would imply looking more closely into how notions of 'sexual risk' are problematised, how certain discursive constructions of youth sexuality can be constituted as 'safe', and political actions constituted as youth sexual health 'promotion'. The question, then, is what problem is 'promoting sexual health' the answer to?



The scope is thus less on deconstructing the meanings of, for instance, 'healthy' sex, and more on how the different elements are organised and connected to form the object 'problem', while maintaining a focus on what their function is in the texts. In other words, looking not only at the formulation of concerns, reflections, responses and solutions, but also at the effects of organising 'goods' and 'bads' in specific ways. For instance, how are subjects arranged as health/unhealthy, good/bad, or moral/immoral, when organising youth sexual health.

When considering these arrangement, the task is not to adjudicate between solutions; this is not within the scope of analysing problematisations (Foucault 1997b). It is to highlight 'the general form of problematisation' within which several, even opposing solutions to one problem can be proposed (Foucault 1997b: 118), and how these both respond to, and sustain, that problematisation (Rabinow and Rose 2003; Koopman 2009).

An important difference between my analysis and Foucault's genealogy is that, although the scope of Foucault's analysis was not to find the 'origins' of a problem (such as sexuality or health), his analysis was historic. Foucault (1997a: 141-142) argued that sex, for example, has always been a 'problem' in some way, and people have had to problematise sexuality into 'problems' and their 'solutions' in ways that made practices intelligible according to each historical moment in time.

So Foucault's analysis was historic in a particular, genealogical way, because it was the present he intended to diagnose through 'a history of the present' (Rabinow 2011: 88). Hence, for Foucault, the ultimate goal in constructing a genealogy is to open up new possibilities for thought and action in the present (Koopman 2011).

Since my analysis is not historical I call my framework genealogy-inspired rather than genealogical, because the goal of my analysis is the same as Foucault's historical genealogy, but the route I follow is different. My analysis is genealogy-inspired in that it explores how the object that is deemed problematic is problematised, and the point of departure is that the present *is* constituted in the contingent effects of power. But my analysis compares the ways in which power arranges things, subjects and objects to be able to understand and act upon a 'problem' in two different settings of the present.

My analysis is based on the assumption that the success and phenomenal expansion of the concept and field of 'sexual health' signals to a new way to respond to difficulties in the 'real'; a new constellation of heterogenous elements that is able to sustain the contemporary basis of political power (Foucault 2007, 2008). How that particular contemporary arrangement of heterogenous elements (techniques, practices, rationalities, subjects), or problematisation, appear in policy documents is what I seek to analyse.

Finally, this brings me to the last point in the delimitation of the scope and object of the study. Analysing problematisations does not focus on deconstruction, the origins of ideas, or actual behaviours. By this I mean that what I seek to do in my analysis is not a form of 'deconstruction' of an idea or concept (Foucault 1997b: 118), and it is not to reveal a counter-discourse in the everyday real experiences of young people, or in the accounts of sexual health in medical, economic, sociological or cultural knowledges as such. Instead, the object and scope of analysis is firmly located in 'the field of the work of thought' (Foucault 1997b), or in other words, in the operation of power when thought acts in response to some urgency or difficulty demanding action, in order to reflect over and assemble things into a *problem* and possible *solutions*.

This level of reflection is analysed only under the condition that 'one dearly grasps problematization not as an arrangement of representations but as a work of thought.' (Foucault 1997b: 119). Thought then, understood as a problematising activity, is a way of *acting* in the world, connected to the real phenomena that caused the 'specific level of reflection' that gives the problematisation its general form, and also to the context in which the 'work of thought' occurs, but without being reducible to either of them (Foucault 1997a, 1997b).

### 2.2.2 Possible Routes to Follow in Problematisation Analysis

Analysing policies using Foucault's problematisation as object and scope of analysis implies that there are different options to follow to analyse a policy 'problem'. Conceptually, there is a *problem-space*, which has a number of possible responses, or *solutions*. This relationship between problem and solutions can be addressed as questions and answers (Rose 1999) and creates the opportunity to inquire into the form of 'problem representation' (Bacchi 2009).

Then there are technologies of power and *dispositifs*, by which we are predisposed to see and solve problems. These are strategic responses, or mechanisms of power, which can be rationalised and turn to technologies of power (see Rabinow and Rose 2003). Finally, there is the issue of how the subject is bound to power and the technologies of the self (Foucault 1988, 2014).

These possible routes of investigation are all present in Foucault's work, and they are all possible ways of approaching problematisations (Foucault 1977, 1978, 1984; see also, Rabinow 1997; Rabinow and Rose 2003). The route I have taken for this study is delimited further by the choice of material. Studying problematisations in policy documents implies a specific focus. The limitations implied by the choice of material helps me design my problematisation analysis and method. The limitations of my choice of material are: first, the analysis

must be centred on specific acts of governments, situated across what Dean (1994) calls the 'terrains of government'. However, the reader should keep in mind that the object and scope of study discussed here imply that nothing is analysed from a partisan political viewpoint (Bacchi 2009; see also Burchell et al. 1991).

Second, my choice of material directs attention to the negotiation of legitimate government intervention, but only to scrutinise the 'institutionally legitimated claims to truth' (Rabinow 2003: 20). By this I mean that I am not looking for hidden political agendas or discourses, but trying to question how certain claims become accepted 'truths'.

And third, while I am located in the terrains of government, the analytical and theoretical focus is not on government institutions but on the processes of rule instead (Rose 1999). This means maintaining a focus on the ways in which the deployment of power constructs, legitimises and justifies the normative claims of politics (Foucault 1997b).

Considering the choice of policy documents as the primary source, it is within the 'problem-space' (or problem representation), and the mechanisms of power (strategies and *dispositifs*) that the analysis can be located. These delimitations correspond to the aim and research questions set in Chapter One. As such, while analysing

problematizations offers the potential to explore further routes, such as examining the technologies of the self and the processes that bond subjectivity with the institutionally legitimised truths and power (e.g, confession and avowal, see Foucault 1988, 2014), this thesis would not be in a position to do so.

## **2.3 Methods of Analysis: Task Two**

Once the general delimitations are set and the object and scope of analysis are specified, I now clarify the methods I have chosen in order to analyse the texts or, in other words, how the theories and concepts can be put to work (Koopman and Matza 2013). I begin by introducing the two approaches I draw from, followed by a description of how I apply these on the texts I selected. After that, I explain the text selection process and provide the lists of texts from Sweden and England at the end of this Chapter.

### **2.3.1 Bacchi's Techniques for Analysing Policy Documents**

According to Bacchi, policy texts serve as a good source of empirical material because every policy proposal contains within it an explicit or implicit diagnosis of the 'problem' (2009: 1); that is, every policy proposal contains a 'problem representation'.

Bacchi develops Foucault's suggestion that 'practical' or 'prescriptive' texts provide entry-points for identifying problematisations and with it, she builds her approach to policy analysis (see Bacchi 2009, 2015). For Bacchi every policy or policy proposal is a prescriptive text, setting out a practice that relies on a particular problematisation. She uses the term 'problem representation' to refer to the form of a problematisation in a specific site (Bacchi 2009).

Bacchi (2009) stresses that when studying problem representation '[t]he task is to identify *deep conceptual premises* operating within problem representations' (Bacchi 2009: xix, emphasis in original). This is done at two levels: the *concern* (e.g., poor sexual health outcomes, poverty, exclusion, etc.) and what is represented to be the *cause* of the problem (e.g., lack of sexual education, poor decision making, poor access to contraceptives, etc.) which are documented in texts. At the level of causes, the analysis of presuppositions means that these can often be 'read off' from texts or policy documents (Bacchi 2016: 8). In other words, policy documents often indicate what is attributed to be problematic as they prescribe solutions that can improve or change the concern (Bacchi 2016). At the level of the concern, however, other secondary sources must be used as complement to provide both historical and spatial context to the empirical material and locate the knowledges, underlying assumptions and categories that sustain the presuppositions in problem representations (Bacchi 2016). The

selection of both secondary sources and empirical material is explained further in the section about the material later in this chapter.

Finally, Bacchi reaffirms that her approach (2009) follows a clear instrumental goal; to assess the usefulness, limitations and even the dangers of the effects of specific problem representations. By doing so, problematisations become visible and, in turn, open for debate (Bacchi 2015). In order to examine policy texts Bacchi (2009) articulates six questions and goals to help organise the analysis. Questions 1 to 6 (hereinafter Q1-Q6) are as follows:

Q1. What's the 'problem' represented to be in a specific policy?

Q2. What presuppositions or assumptions underlie this representation of the 'problem'?

Q3. How has this representation of the 'problem' come about?

Q4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?

Q5. What effects are produced by this representation of the 'problem'?

Q6. How/where has this representation of the 'problem' been produced, disseminated and defended? (Bacchi 2009: 2)

This approach is a useful guide for targeting the 'problem-space' mentioned earlier. It supports the structure for the interrogation of policy proposals helping the researcher to organise and concretise the



analysis, without oversimplifying the process of analysis. Each one of these questions provide potential lines of inquiry, or points of entry, from where to investigate one central question: what is the problem represented to be in this policy, programme or proposal? (Bacchi 2009).

The six-question guide proposed by Bacchi serve as general points of departure that could be applied to texts from virtually any institutional setting. In order to further structure my analysis of the texts I have selected, I combine Bacchi's guide with Dean's (2007) classification of the effects of power as a way to account for the deployment of *dispositifs* of power (including strategies, techniques, mechanisms, rationalities, etc.) and reveal how the work of thought *problematizes*, or operates. Dean's (2007) classification is detailed in the next section.

### **2.3.2 Techniques for Analysing the Operation of Power**

This method is built on the idea that the 'problematizing activity' of governments (Rose and Miller 1992) is revealed in the specific *form* that governments operate (Dean 2007; Rabinow 2011; Miller and Rose 2008). In liberal societies, governments operate under the tension between freedom of choice and obligation/coercion, and the mechanisms through which government within that tension becomes

intelligible (Rose 1996; Dean 2007; Lemke et al. 2011). Therefore, analytical attention must be given to how this general tension is made to work in specific contexts.

Dean (2007), for instance, analyses this tension to locate a state of 'exception' applied to those whose lives fall 'outside' of our moral and political existence, creating a divide, and subsequently, a relationship between the norm and the exception. He finds that it is in this relationship that the government of 'problems' becomes possible. It becomes possible because it can be made visible, a diagnosis can be given, and possible courses of action can be proposed (Dean 2007).

In order to analyse the mechanisms of power in this way, Dean (2007) offers a useful classification of power effects; a truth effect of how a problem is made *visible*; a norm effect of how a problem is *diagnosed*, and a power effect of the *means* of solving a problem (Dean 2007: 73).

A *truth effect* makes what might be contested appear as inevitable or necessary. The descriptions or representations of a 'problem' we might find in a policy proposal or report claim to be objective or factual such as, for example, statistics revealing the number of HIV infections among certain groups of people. The construction of a 'truth' about an HIV 'problem' is dependent on the problematisation and the practices that sustain it. It is only because a problematisation has produced

certain 'conditions of acceptability' that the problem can be 'objectively' discovered (Dean 2007: 74). The truth effect is that the 'problem' has now been made visible/true in such a way that it can avoid further scrutiny (Dean 2007). Truth effects also act as justification for limitless reform, as they are increasingly embedded in narratives of security. The insecurity of risk means that the problem is 'the security of just about everything' (Dean 2007: 75).

Once the truth effect has established the urgency of reform a response has to be proposed. It is the specific form (or means) chosen for governing 'the problem' that reveals the *norm effect*. The norm emerges within a viable diagnosis of the 'problem', while alternative interpretations of what has become visible become obscured/silenced. In other words, how reform proceeds is what links the truth effects with the norm effects (Dean 2007).

The norm effect implies that the authoritative descriptions and justifications found in problem representations, are not only codifying the operation of practices, but also convert authoritative descriptions into normative judgements (Dean 2007). Hence, specific subject positions are produced (e.g., the healthy, active, progressive, entrepreneurial, planning, multicultural), as well as the kind of programmes which orient the operation of institutions and institutional practices towards generating those subjectivities, through various

forms of shaping the individual (learning, imitating, reflecting, coercing) (Dean 2007).

For Dean, institutional norms create the conditions for the tension between freedom and domination, and the power effect that emerges when the norm is modulated as individual freedom. The power effect determines whose life must be corrected in order to establish a form of life that can be modulated as individual freedom. By identifying the norms, and those that cannot be included in it, we can 'follow the loop back to relations of power' (Dean 2007: 77) to ask: when, in what contexts, how, and for which individuals or groups does obligation come before freedom? (Dean 2007).

### **2.3.3 How I apply the Genealogy Inspired Techniques of Analysis**

The application of the methods included in my framework involves a process of reading and thinking about the content with a strategic, critical lens. In general terms, it could be described as 'subjecting the data to a "sceptical reading"' (Gill 2000). The lens, as seen in this Chapter, is an approach which assumes that youth sexual health is not the *object* of analysis, but the product of a 'specific work of thought' that makes it the object of political power (Foucault 1997b). This level of reflection, according to Foucault produces a problematisation, which

then refers to both the process and the object which I set out to study (Foucault 1997a).

Bacchi's (2009) and Dean's (2007) approaches are then used to illustrate how the problem-space comes to possess 'a visible, analytical and permanent reality' (Foucault 1978:44), and reveal the mechanisms of power that render the problem-space (of problem and solutions) as the necessary conditions for the basis of an inevitable, and legitimate political power (Foucault 2007, 2008).

In order to do so, a process for codifying the text was used; one that shares many similarities with other forms of critical textual analysis such as, for example, historical or ethnographic analysis of government policies (Fischer and Miller 2006).

Large texts were broken down into smaller parts, or units, which could then be interrogated and grouped according to their function or theme within the text. The techniques of separating and structuring the text was done in phases allowing a specific form of sequential *reading*, which constitutes of cognitive tasks, such as comprehending, synthesising, theorising and recontextualising (see e.g. Hycner 1985, and also, Morse 1994).

To organise the text according to structured phases, the material was initially read and separated into different categories, according to their

*function* in the overall text: do they help make the problem visible, do they offer an explanatory frame for the problem, or do they propose a means of solving the problem? So, *function* works as a meta-category that can include multiple categories that describe various attributes in the texts. Although some texts may fulfil more than one function, each could be separated according to the function that appears to be most dominant. This initial distribution of text according to function did not build on Bacchi's (2009) approach, but was taken from Dean's (2007) classification.

Bacchi actually suggests a different start to the analysis, focusing on the proposed solution, such as identifying proposed funding, for example (Bacchi 2009: 4). But, as I quickly realised, many policy text followed the format described by Dean (2007). Texts often begin by providing the reader with facts, numbers or claims about something, such as claiming that there is an epidemic, crisis or some troubling situation. Often this is followed by some interpretation or explanation, and finally a solution, recommendation or proposal is introduced.

Because so many texts already followed this format this way of breaking down large policy text proved very helpful. Starting with the Swedish documents, for example, all parts of the texts that contained any description or data in descriptive form, presented in order to establish a situation of 'the present' (what 'reality' is) were placed under the meta-category of visibility. The key labels or categories used

to classify the texts under the visibility meta-category included 'perspectives' (historical, sociological, etc.), 'argumentative description', 'evidence-based description', 'epidemiological data', and 'other statistics and scientific data'. After listing and summarising the different description strategies used in all 10 Swedish documents, these were put back into their texts, in order to see how their *function* was made instrumental within the larger text. For example, if statistics were presented, what role did they play in the rest of the text? Were they used in connection to a broad description of a phenomenon, interpreted narrowly, or not used at all? Hence, only those descriptive categories of the texts that had been used with an instrumental function to 'paint a bigger picture' or 'problem' were considered most relevant for the purpose of establishing the practices of visibility. In the example I am describing here of the 10 Swedish documents, I found various forms of presenting and interpreting statistics as the main visibility strategy used in the texts. Hence, the use epidemiology and other statistics emerged as a key visibility category. The same strategy of breaking down the texts and classifying them according to a predefined function, or meta-category, was used on all texts for all three functions. As described in this example, each segment of text was listed, summarised and compared against the other parts of each texts to compare and confirm their instrumental function within the text as a whole.

Once texts had been broken down according to a 'function' meta-category (visible, diagnose and means), and the key categories had been identified, as in the example above, the texts were read a second time, in order to sub-divide the texts within each meta-category. Some core nexus points used to produce certain policy 'truths' in the sexual health problem-space emerged (e.g., risk, prevention, choice). Nexus points became evident in their capacity to link across function categories, and a network of relations between categories could then be established. Hence, if we consider the example given above, the categories of epidemiological data and statistics were directly linked to some key categories within the function of 'diagnose' in the texts, which fell under the categories of 'calculation of risk' and 'risk'. Risk could also be linked to several categories under the function of 'means', including 'education', 'early intervention' and 'motivation', and was therefore classified as a *nexus* point (or meta-theme). Nexus points became central for understanding the relations between the categories (labels within texts). From these nexus points, all other themes or interconnected elements of the problem followed, like long treads, allowing a deeper level of abstraction and theorisation of the different elements I had found in the texts. Thus, a specific theme (rationalities, techniques, discourses) of the function of 'diagnose' such as *burden* would connect to the nexus point *risk*, which connects the burden theme to certain practices (explored in Bacchi's Q3), and knowledges (explored in Bacchi's Q2), that shape certain subject positions (explored in Bacchi's Q5), and so forth. Hence, all relevant themes



became connected to a nexus point which would span across the meta-categories of the analysis.

The more I broke down the texts, the more active the nexus points became, until I used the questions only to maintain the texts organised, but conceptually it was largely the network of themes as they connected to one or more nexus points, that effectively structured the second phase. During the second reading my focus was specifically on classifying the themes (and nexus points) in relation to practices, assumptions, knowledges, rationalities and technologies of rule (Rose and Miller 1992) that could then be distilled and used as evidence for my findings.

Furthermore, in this second reading, questions Q2 and Q3 were used together as many of the themes worked more effectively by extracting 'what is actually being said', and 'how can it be said legitimately' when kept conceptually interconnected. Although, Q3 was particularly relevant to flesh out what formed the 'field of visibility' (Dean 2010) by revealing in what way the problem could become *visible*. And Q2 was particularly useful to break down the explanatory frame or *diagnosis*, by looking at binaries, discourses of blame (responsibility), or specific norms. But the two questions worked best together as being the same question with two different focus, that is; the what and the how of policy 'truths'.

Once the texts were broken down according to the specificities of each theme (rationalities, techniques, discourses), each paragraph, or section, could be examined closely in order to find the extracts used to illustrate my findings. In the end, I was able to work on the texts following these sequential phases.

The final comparative phase was structured in a slightly different way, as the dispositif of security was explored in more detail, building on elements of said dispositif that I identified for each case (Sweden and England) in Chapters Four and Five. In order to compare the material from the two countries, the nexus points and their interconnected themes were used to clearly locate and explain the many similarities that I had found between the two cases. The differences, however, remained unexplained, and for this reason Q5 was used again for a re-reading and deepening of the analysis, with a focus on the effects of the construction of the subject and the normalisation processes found in the Swedish and English problematisations. This decision was as a result of the need to deepen the analysis at that stage, and is discussed in more detail in Chapter Seven.

As can be seen in the analysis chapters, and especially at the end of the comparative analysis chapter, Q5 is central to my analysis as it offers a route for building yet another layer of analysis in order to avoid subjecting the empirical material to totalising analysis that fix the

content of the material to certain concept or definition of it (this is discussed further in Chapter Six and Seven)

## **2.4 The Material: Task Three**

The sources used in this thesis can be divided into two types of literature: primary and secondary sources. The *primary* material which is used as empirical data consists of the purposely selected Government documents from Sweden and England. The *secondary* sources are further distinguished according to their function, separating the *contextualising* secondary sources that were used for the location and selection of the primary sources, and the *additional* secondary sources used to contribute to the process of analysis. Although this demarcation of the secondary sources is not absolute, it is a useful distinction of the literature reviewed in this thesis, as sources are reviewed and introduced following a specific purpose within the overall genealogical ambition of the research design and analysis (Foucault 1991).

Hence, the three sets of sources are: *primary* sources from twenty policy documents; ten from Sweden and ten from England (listed in table 1. and table 2. respectively). Linked to this selection, are the *contextualising* secondary sources which were used to trace, map and

contextualise the network of government documents from each political context from where the primary sources could be selected.

Finally, *additional* secondary sources are reviewed, consisting of literature with a relevant connection to the 'internal analysis' through the multiple heterogeneous 'external relations' of the object of analysis (Foucault 1991:77). Hence, unlike the contextualising sources the additional secondary sources played no significant role in the selection of the primary sources, but rather serve to enlighten the many constructs, categories, discourses, that link up and render problematisations of young people's health and sexuality intelligible. These sources explore elements that are initially external to the empirical analysis, but must be included to enable the construction of the 'external relations of intelligibility' that form the object of analysis (Foucault 1991:77).

The review of both the contextualising and additional secondary sources is found in the next chapter, Chapter Three, while the primary sources that constitute the empirical material is presented below, beginning with an explanation of the selection criterion used for the empirical material.

#### **2.4.1 Primary Sources: Criteria for the Selection of Empirical Material**

The choice to limit the empirical material to policy documents, far from being a 'statist' limitation (Lemke et al. 2011: 61f), is a methodological

choice. For this reason, the search was narrowly limited to official Government policy proposals, reports and evaluation, published by official government sources and institutions. This limitation is also narrowly focused on documents at the national level for Sweden and England, as described in Chapter One, in pursuit of the problematic ambition of constructing states as autonomous and unified entities.

A second criterion was the decision to specifically cover the years between 2004 and 2014. This time period set from the year in which the final selection was made, going back ten years. Although the selection could have included older documents, the intention was to include documents where youth sexual health emerged as an established object of public policy. As discussed in Chapter One, my intention is to compare the problematisation of contemporary youth sexual health and the specific form it has taken since the beginning of the new millennium.

The third criterion for the empirical material was to select documents according to their action-oriented, prescriptive character (Foucault 1991). In other words, documents that display a clear argumentation making normative claims with explicit justifications or recommendations for policies or programmes. This selection criterion is intended to identify the text which contain the 'serious speech acts' without which there is no problematisation (Rabinow 2003: 20).

Another selection criterion was that the documents contained a level of political relevance in their context. To fulfil this criterion, a network of policy documents was traced within the policy field in each case (Sweden and England), to identify policy documents that were considered politically significant or cited elsewhere, and eliminate those that were ignored after publication. The selection process according to this last criterion could not be implemented without an exploratory review of the secondary sources used as contextualising literature from each policy field. Hence, although the primary sources are described in the presentation below, the full account of the literature that informed the selection process can be found in the next chapter. The selected documents are listed in tables 1 and 2 in pages 74 and 77 respectively. They are also listed with their online resource link in appendix A.

#### **2.4.2 Presenting the Swedish Primary Sources**

Considering the English target audience of this thesis a brief description of the legislative process in Sweden is needed before introducing the political landscape of the Swedish documents. It is not necessary to include an introduction to the legislative and procedural forms of government and policy drafting for the English policy documents. This information, if necessary, can be found easily available elsewhere (see e.g., Zander 2004; Cabinet Office 2013).

To manage a concise explanation of the legislative process in this section, the Swedish Government official website has been used as main source of information, because it offers summarised information in the English language, explaining how their system works with foreign readers in mind (for more information see, [www.government.se](http://www.government.se)).

### **2.4.3 Legislative Process in Sweden**

The legislative process in Sweden may be divided into three separate processes; the inquiry process, the referral process, and the parliamentary process. Most legislative proposals (or bills) laid before the Swedish parliament are initiated by the Government, but they can also be put forward by MPs. Before the Government draws up a bill, the issue in question must be analysed and evaluated. This task is usually assigned to officials from the ministry concerned, who must then produce a report or commission related state agencies or institutes to do so.

Before drafting a new bill the Swedish Government has the option of calling for a more extensive analysis, particularly when the issue at hand is of great importance or highly controversial. This is the full inquiry process in which the Government appoints an *external* special 'committee of inquiry' (expert individual or group) commissioned to examine an issue under the set rules and instructions provided by the

Government. The result is published in the Swedish Government Official Reports Series (*Statens Offentlig Utredning*, or SOU), usually in book form. This process is complemented by a referral process, in which the Government sends the SOU report to a vast range of stakeholders to elicit feedback as well as provide an opportunity to assess the support (or lack thereof) to be expected for the recommendations of the report.

The last stage is the parliamentary process, which is started by the responsible department/ministry drafting the bill. Proposals are then sent to one of the parliamentary committees for deliberation. Any MP may table a counter-proposal to a bill proposed by the Government. These counter-proposals, called motions, are sent to the same parliamentary committee as the bill. When the parliamentary committee has completed its deliberations, a committee report is submitted to the chamber (*Sveriges Riksdag*) for parliamentary debate and final approval. If adopted, the bill becomes law. The final decision-making is thus always made in the *Riksdag*.

Once a bill has been approved, the Government will commission the ministry concerned to set up monitoring and evaluation procedures, and may also commission the publication of a national strategy, action plan or guidelines to coordinate all the interventions on a national level. These policy documents include research, guidance and analysis



reports (*kunskapsunderlag* and *underlag*) which may be used to produce annual or evaluation reports (*årsrapport*), and to support target oriented documents such as national strategies and action plans.

In this legislative process, the documents of interest for my study can be found in the government bill as well as the state agency/department reports and the committee report. Counter discourses may be found in the comments submitted by the SOU referral bodies, as well as in the parliamentary debate. The SOU external reports are usually representative of an expert (generally evidence-based) take on the matter which may or may not support the views and intentions of the Government. Furthermore, the Government may decide to seek other alternatives than those recommended in the SOU report, particularly if there is little support for the recommendations of the SOU during the referral process.

It is thus the ministerial/agency reports and action plans that were selected to be included in the list (see Table 1) because they represent the action-oriented authoritative prescriptive documents that sustain 'solutions' chosen by the Government to deal with 'the problem'. Hence, I am leaving out the SOUs, the response of public bodies in the referral process, MP motions, and the parliamentary debate.

The Swedish reports that have been selected for the empirical analysis can thus be divided into three categories; documents 3 and 9 consist of public health bills; documents 1, 6, 8 and 10 consist of progress and analysis reports published in relation to sexual health, and documents 2, 4, 5, and 7 consist of action plans and guidelines. The documents differ in, for instance, why and how they were commissioned, the target audience and the general orientation of the document. Some are more analytical (*kunskapsunderlag*), argumentative (*underlag*) or descriptive (*arsrapport*), while some offer specific targets and instructions to follow (strategies and guidelines). Other reports and documents that met the selection criteria have been left out because they did not that specifically address young people's sexuality or failed to offer a clear enough authoritative prescription of interest for this study (see e.g., Ungdomsbarometern - Ungdomar och sexualitet 2013/14).

While some of the documents are only about youth sexual health (see e.g., [5]), others are broad documents where youth sexual health is mentioned in parts of the text. Thus, reproduction or sexuality problem representations that fail to specifically address youth, are not included in the analysis, nor are the parts where young people's health or well-being are mentioned without specifically addressing sexuality. The selected Swedish texts are listed in table 1 (see pages 74-75).

**Table 1. List of Swedish Documents**

1. A secure and safe sexuality and a good reproductive health.  
Analysis report for the evaluation the Public Health report of 2005  
(*Trygg och säker sexualitet och en god reproduktiv hälsa. Kunskapsunderlag till folkhälsopolitisk rapport 2005*) Statens folkhälsoinstitut 2005.
2. National Strategy Against HIV and some other contagious diseases  
(*Nationell strategi mot hiv/aids och vissa andra smittsamma sjukdomar*) Regeringen 2005.
3. A renewed public health policy (*En förnyad folkhälsopolitik*).  
Regeringen 2008.
4. National action-plan for Chlamydia prevention – Focusing on teens and young adults 2009-2014 (*Nationell handlingsplan för klamydiaprevention - Med fokus på ungdomar och unga vuxna 2009-2014*) Socialstyrelsen 2009.
5. Preventing HIV and STI among teens and young adults (*Att förebygga HIV och STI bland Ungdommar och unga vuxna*)  
Socialstyrelsen 2009.
6. Sexual and Reproductive Health, Public Health Report 2009.  
(*Sexuell och reproduktiv hälsa, Folkhälsorapport 2009*)  
Socialstyrelsen 2009.
7. National Communication Strategy (*Nationell Kommunikationsstrategi*) Smittskyddsinstitutet 2010.

8. Sexuality and Reproductive Health: Analysis Report for the Public Health Report 2010 (*Sexualitet och reproduktiv hälsa: Kunskapsunderlag för Folkhälsopolitisk rapport 2010*) Statens Folkhälsoinstitut 2011.
9. A public health policy with the individual at heart (*En folkhälsopolitik med människan i centrum*) Regeringen 2011.
10. Argumentative report for the National Strategy for Sexual and Reproductive Health and Rights (*Underlag till nationell strategi för sexuell och reproduktiv hälsa och rättigheter*) Socialstyrelsen och Folkhälsomyndigheten 2014.

#### **2.4.4 Presenting the English Primary Sources**

The documents that have been selected for analysis reflect some of the key developments in the field of sexual health policy in England. These are reviewed in the next chapter (see Chapter Three).

In the English policy context, the Teenage Pregnancy Strategy (TPS) and the National Strategy for Sexual Health and HIV, from 1999 and 2001 respectively represent two key sexual health documents. Since they fall outside the period chosen for this study, they are not included in the analysis. However, half of the texts analysed here (documents 2, 3, 4, 5 and 7) represent reports and texts produced in relation to

(and addressing in some way) the implementation of the original TPS and the National Strategy for Sexual Health and HIV. The other five documents include two public health white papers (document 1 and 6) that were published during the period covered in the study, and three interrelated documents of relevance for sexual health policy since the end of the TPS and the National Strategy for Sexual Health and HIV; the New Framework for Sexual Health improvement in England, which replaces the previous strategies (document 9), the Public Health Outcomes Framework (PHOF) for England which functions as the Government's public health monitoring tool (document 8), and a document titled *Making it work*, with guidance for local authorities on how the new sexual health framework is to be commissioned successfully (document 10).

It is worth mentioning that the policy documents included in the analysis tend to be on sexual health in general, rather than youth sexual health, with the exception of those directly linked to the TPS. All non-TPS documents have been included because they make references to youth as a specific group, or mention young people in a significant way and represent influential government guidance. Other youth specific policy documents such as the *Improving Children and Young People's Health Outcomes* from 2013, could have been relevant for the study. However, none of these texts, which refer to children/young people specifically make any significant references to

sex/sexuality/sexual health. The documents selected are those where the 'young people-sexual health' intersection is given more space, although only the TPS documents fulfil this criterion entirely. Finally, the selected English texts are listed in table 2, below.

**Table 2. List of English Documents**

1. Choosing Health – Making Healthier Choices Easier (DH 2004).
2. Teenage Pregnancy: Accelerating the Strategy to 2010, Non-statutory Guidance (DfES 2006).
3. Moving forward: Progress and priorities – working together for high-quality sexual health, Government response to the Independent Advisory Group's review of the National Strategy for Sexual Health and HIV (DH 2009)
4. Government Response to the 5th Annual Report of the Teenage Pregnancy Independent Advisory Group (DCSF 2009).
5. Teenage Pregnancy and Sexual Health Marketing Strategy (DH/DCSF 2009).
6. Healthy Lives, Healthy People: Our strategy for public health in England (DH 2010).
7. Teenage Pregnancy Strategy beyond 2010 (DCSF/DH 2010).
8. Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England, 2013-2016 (DH 2012)
9. A Framework for Sexual Health Improvement in England (DH 2013).

10. Making it Work: a guide to whole system commissioning of sexual health, reproductive health and HIV services. (Public Health England 2014).

## **2.5 Limitations of the Framework**

The proposed framework has limitations that will be discussed here. The first issues I will mention here are related to the practical aspects of the research design and methods. Using public documents for comparative analysis has many advantages (accessibility, low-cost, unintrusive) but also some disadvantages. In order to compare policy documents from two countries, there must be a degree of correspondence between the texts. It would not be meaningful to carry out this kind of analysis without a level of correspondence between the documents from one context and the other. Such a level of correspondence can be assessed and texts selected accordingly following a predetermined criterion. Hence, it is important that the selected documents used in the analysis represent the same type of object (texts containing prescriptive proposals), and be located within the same field of knowledge (youth sexual health), and share general policy objectives (socio-political, public health objectives). However, this does not imply an elimination of the element of difference in language and contexts.

There is another concern to consider when comparing material across settings which was not included in the criteria described in this chapter. Because each socio-political landscape is different, the way in which categories and concepts can be applied in a comparative analysis will be determined by each context. For this reason, a comparison, such as the one proposed here, requires some degree of previous knowledge of the two cases of youth sexual health policy, and their local context. Without some degree of previous knowledge, it is very difficult to avoid 'transplanting' concepts; using the meanings and properties of a concept from one context (the one familiar to the researcher), to interpret empirical data from another. Conducting a detailed literature review to build one's expertise of each context may help avoid making such errors. But adding more propositional knowledge about a setting does not replace the value of having previous experiential and relational knowledge of that setting before designing a comparative analysis like the one proposed here.

This brings me to another practical concern that is related to the problem mentioned above, which is the translation of the original texts from Sweden. I made the decision to translate the Swedish material into English myself. But I do so being fully aware of the fact that language is not only a linguistic capability; it is a complex social epistemology that has evolved in a particular place. The risk of transplanting concepts is thus higher if the researcher also translates.



Because concepts and word meanings can never just be translated from one place to the next. The meaning of, for example, 'gender equality', may articulate different political meanings across cases. Translation is thus more than simply providing the equivalent word for a common concept; it is an attempt to express the Swedish ideas using English words without trying to equate it at the conceptual level (Ronnblom 2016).

The decision to translate texts should be done carefully, and only when there is a personal connection to the linguistic and epistemological codes one is dealing with. Since I have good knowledge of the conceptual history necessary to extract meaning from the specific codes, I was confident to take on the task of translation.

The problem I have mentioned here extends to all the elements of the framework and how well these correspond to each other (Koopman and Matza 2013). In other words, how well suited are the conceptual elements to fit the field and object of study? Or, how well suited is the choice of material for the conceptual framework, and so forth? The challenges of comparing texts using Foucauldian analytics are many. As Koopman and Matza (2013: 819) note, there is a risk of:

on the one hand, warping empirical materials by subjecting them to a framework whose contours were developed elsewhere and, on the other hand, warping concepts by affixing them to new contexts where they do not easily apply, such that we force ourselves to strip empiricities of their historicities.

Koopman and Matza (2013: 819) argue that these methodological warping often occur 'when forms of inquiry are not clear about which elements or aspects of a body of work they deploy'.

In order to consider some of these problems it is best to clarify the role of each element of the framework, so that they can be put in relation to each other effectively. I have tried to clarify the position of each element as much as possible in Chapter One and in this chapter, by differentiating between the field, object, material, analytics, categories and concepts of the study.

The implication of this is in how each element can be treated; the analytics of genealogy can easily be applied to the material from one context and then reapplied to the next, in order to study two separate objects within the same field. The same goes for the categories, such as discourse, power, subject and truth. But concepts, such as discipline, biopower or subjectification, are ways of making sense of a specific empirical context. As such, they must be sensitive to each context and emerge in dialogue with the categories and classifications of the framework, before they can be used to theorise any empirical material.

In other words, if I follow a genealogy inspired framework that supposes that universals do not exist; one that treats the object of

study as historically constituted, then the concepts that I work with cannot be treated as ahistorical, to be transferred from one material to the next. For this same reason, the empirical material cannot be treated as ahistorical and must be adequately contextualised in order to engage with the specificity of each context. This is highlighted further and addressed in the next section where I account for the selection of the both the secondary sources and the empirical material.

The final issue to consider with regard to my choice of framework is the objections to a 'statist' orientation when limiting the analysis of problematisations to contemporary policy documents. This is a limitation that has been described as inadequate to grasp the conditions of contemporary biopower (Dean 2013: 165). The error of over-emphasising state power is mentioned by Lemke *et al.* (2011: 61f) for example, in what he calls 'the withdrawal of the state' to describe how today's decisions on life are handed over to 'the realm of science and commercial interests, as well as the deliberations of ethics committees, expert commissions, and citizen panels' (Lemke et al. 2011: 61).

As a response to such objections I respond with the view that there is no support for this argument in Foucault's work. The 'withdrawal' is a transformation that proposes new ways of conceiving the state's role in establishing social order and its relation to civil society, while

maintaining a key role in the new forms of liberal governance (Dean and Villadsen 2012; Larsson et al 2012). If anything, the role of the state must emerge in the empirical analysis, with some configurations of power potentially revealing a diminished role for the state, while others revealing one that is stronger (Dean and Villadsen 2012; Collier 2011). This question, then, does not imply a 'statist' position. Instead, the role of state is a key part of the configuration to be examined in the empirical analysis of the English and Swedish policy documents.

To do so, I follow Foucault's concepts of power and government described in this Chapter, where governing is to be understood, not as a domain 'beyond the state' but as 'the very analytical means by which Foucault proposes to analyze it', focusing on 'the practices and discourses that constitute the state in different forms' (Dean and Villadsen 2012: 405f).

Government practices (including policy text) can therefore be seen as instruments in a broader continuum of regulatory apparatuses (see Dean 2013: 33) without favouring monolithic conceptions of the state as the locus of repressive power.

## **2.6 Chapter Summary**

In this chapter I have developed a framework detailing a series of methodological issues including the research design, analytic method and material of the thesis. In the first part of the Chapter I have introduced and defined some of Foucault's analytics and concepts which I use within a genealogy inspired framework and apply to the empirical analysis. I have also introduced here, the reading techniques and guidelines which I have used in combination with Foucault's analytics, following Bacchi (2009), and the classification of effects which I borrow from Dean's (2007) in order to further structure the Foucauldian framework.

In the second part of this chapter I have explained how I apply my framework to examine the policy documents I have selected as empirical data. I have also discussed the limitations of the framework and the selection process of the empirical material and the purpose of using secondary sources.

## Chapter 3

### **Literature Review**

The purpose of this chapter is to review literature relevant to the tasks set by the research design and methods outlined in Chapter Two.

#### **3.1 Outline of the Chapter**

This third chapter is divided into two parts. The first part is a review of the national English and Swedish policy contexts, including international and national studies, government reports and various secondary sources. This review is by no means extensive, but offers thumbnail sketches of the developments in the last 50 years that give context to the sexual health policy documents from each setting. By reviewing this literature, I locate and contextualise the policy documents I have selected as empirical material (see, Table 1 and Table 2 in Chapter Two). Providing this background is necessary in order to assess the relevance of the selected texts within a particular political context, and also to account for the logic behind their selection in my study. Further, the contexts of the policy documents need to be connected to the empirical analysis, as it is necessary to consider the historical-spatial location of each text, in order to avoid treating the documents in an ahistorical manner.

The second part of this chapter is dedicated to the additional literature I use to explore the multiple 'external relations of intelligibility'

(Foucault 1991:77). By this I mean the discourses, narratives and knowledges that sustain the state practices that are the focus of my analysis. The literature that traces the narratives that sustain representations of youth as 'problematic' is included in the review to ensure that the empirical material I have selected is considered, not only in relation to the spacial distance between the two settings, but along a temporal distance as well (Bacchi 2016). Therefore, this part of the literature review includes literature that explores how youth emerges as a state 'problematic' requiring 'governing'. 'Governing something, or someone', is meant in the sense that one can determine someone's behaviour in terms of a strategy by resorting to a number of tactics (Foucault 1997a: 135). State tactics are underpinned by heterogenous elements (e.g., practices, structures, discourses, etc.) which are stabilised into the knowledges and practices we eventually come to see as natural, common sense (Foucault 1997a, 1984).

### **3.2 English and Swedish Policies and Documents**

This review begins with the developments that have shaped the path to modern youth sexual health policies in England, to establish the institutional context, reforms and sexual health policies that have led to the production of the documents I have selected from the English setting.

### 3.2.1 Youth Sexual Health Policy in England

According to Pilcher (2005) it would be difficult to consider the role of the state as central to people's sexual health in England in any organised form before the second world war (Pilcher 2005). There is a long tradition of mechanisms to control people's sexuality in Western culture, but the sexual domain (e.g., individual rights and access to reproductive and sexual health care and education) was not an area in which the early modern state was eager to legislate (Weeks 2012). During the early industrial era, moral reform had played a key role as a tool for disciplining the working classes (Mort 2000). However, concerns about sexual behaviour were primarily about the sexual respectability of the middle classes which were regulated through social pressure rather than state legislation. It was not the state's responsibility to address family moral 'problems' (including sexually transmitted diseases, hygiene, birth control and 'depravity'). Instead, a tradition of social mobilisation in collaboration with independent voluntary agencies managed the locally established interventions (see Weeks 2012, see also; *The National Council for Combating Venereal Disease*, in Mort 2000). Throughout the 19th century, the legitimate discourses behind interventions in this area were either medicalised frameworks focusing on disease prevention, or family morality promoting gender specific, socially acceptable behaviours (Allred and David 2007; Thomson 1994b).



Later, after the end of the second world war, a sense of rebellion towards the old moral codes and social norms of the past spread across Britain (Cook 2004; Pilcher 2005). The state responded to growing anxieties about changing attitudes towards sex and morality by taking a more active role. Before 1950, for example, very few schools had any formal programmes of sex education (Pilcher 2005). But by 1956, the Board of Education published its official guidance with a chapter on teaching primarily the physiology of sex and reproduction in schools, entitled 'School and the future parent' (Pilcher 2005: 159).

What started as social pressures and gradual changes in the 1950s became a transformational force in the 1960s. Cook (2004: 292) describes the 'pace of change in the latter half of the 1960s as 'astonishing', and brought about by the liberating implications of 'the pill'. According to Cook (2004), the issue of female sexual pleasure was publicly and explicitly confronting the social and sexual norms of British culture. These challenges were accompanied by a 'wave of liberalizing social legislation' which included the legalisation of (male) homosexual acts in 1966, abortion law reform and divorce law reform in 1967 and 1969 respectively (Cook 2004: 290). Christian and Conservative pressure groups tried to oppose these policy changes, and there were fierce debates about sexuality throughout the 1960s and 1970s (Cook 2004; Weeks 2012). Ultimately, the discourses of the 'problem' of 'promiscuity' and 'unmarried mothers' would struggle to get the

support needed to oppose a more progressive policy agenda (Cook 2004).

The 1960s also marked the beginning of a period characterised by social and political polarisation, in which young people's sexuality would become an increasingly important issue (Weeks 2012). By the 1970s, for example, the provision of sex education was seen as a necessity to keep children away from harm by providing them with the knowledge that could 'protect boys and girls from hazards to health created by their own behaviour' (Department of Education and Science 1977, cited in Pilcher 2005: 164). By the end of the 1970s controversies had begun to emerge around the question of 'youth', culture and the morals of English society, provoked not only by the liberation of sex, but also by the rapid social and economic changes that were taking place at the time (Weeks 2012). 'Teenage morality' emerged as a key social concern and liberal, radical and conservative wars concentrated around debates about the provision of contraceptives and sex education (Cook 2004; Hawkes 1995; West 1999). State policies generally reflected battles around monogamy and marriage, pleasure and individualism, community and responsibility, often oscillating between medical and moral frameworks (Weeks 2012; Thomson 1994b).

In the 1980s, the world saw the rise of a new era of neo-conservatism which dominated British politics. Thatcher's New Right Government introduced market models into public policy leading to social and economic transformations in all aspects of society (Aldred and David 2007). Although the discourse of the New Right emphasised choice, the resurgence of moral panics produced by the HIV epidemic led to the return of the 'problems' of homosexuality and promiscuity as legitimate political discourses (Pilcher 2005; Weeks 2012). The Conservative Government took charge of the controversial issue by putting sex education in the Education Act of 1986 (Aldred and David 2007). However, parental authority was reaffirmed as parents were given the full 'right of withdrawal from any or all parts of a school's programme of sex education' (Pilcher 2005: 166).

After the scale of the HIV epidemic became evident, states funded vast amounts of research, producing large collections of data on sexual matters (Correa et al. 2008). Gradually, the field of sexual health promotion emerged with states and state policy as the central actor (Mann and Kay 1991; Correa et al. 2008).

As more research in sexual health became available, there was a renewed global interest in sexual health and, especially, in young people's sexual behaviour (Ali and Cleland 2006). In England, international and domestic research generated new concerns about the

sexual health of young people (UNICEF 2001; Department of Health 1998, see also Chapter One). The high rates of teen pregnancies identified in those reports, in particular, managed to attract public and political attention. Youth sexual health policies were now on the policy agenda in many different forms.

### **3.2.2 Locating the English Sexual Health Documents**

Arguing that there were clear links between teenage pregnancies and young parents' social exclusion and long-term dependence on society's resources, the New Labour Government published a Teenage Pregnancy Strategy (TPS) in 1999 with the goal of halving the rate of conceptions to under-18s by 2010 and focusing on prevention through a national campaign targeting young people and parents (Social Exclusion Unit 1999).

The Teenage Pregnancy Independent Advisory Group (TPIAG) was set up in 2000 to advise the Government on the Teenage Pregnancy Strategy and to monitor its implementation. The TPIAG produced annual reports about its progress and, in 2006, the Government reviewed the Teenage Pregnancy Strategy recognising that efforts needed to be 'accelerated' if the 2010 target was going to be met (Department for Education and Skills 2006).

A Government response to the TPIAG's 5<sup>th</sup> annual report published in 2009 revealed the continuing concern around teenage pregnancy as it became clear that the 2010 target was not going to be achieved and the report set out a number of steps to be taken to move forward. The following year, as the strategy reached its end and the TPIAG was dissolved, the Government published another document entitled *Teenage Pregnancy Strategy Beyond 2010* to assess the previous strategy and envision the future of teenage pregnancy policies (Department of Health/Department for Children, Schools and Families 2010).

Shortly after the initial TPS was published in 1999, the first ever English national strategy for sexual health and HIV was published in 2001. This set out a holistic vision for sexual health in England focusing on prevention and the provision of sexual health services, with additional recommendations for commissioning and research (MedFASH 2010). Among other things, the national HIV strategy made the point that poor sexual health among young people could result in unintended pregnancies, abortions and reduced educational, social and economic opportunities for teenage mothers. It also linked poor youth sexual health explicitly to 'ignorance and risky behaviour' (Department of Health 2001:8), making an argument for school-based sexual education.

Similar to the steps taken in the TPS, the Labour Government also produced an action plan for the implementation of the HIV strategy in 2002 which established an Independent Advisory Group on Sexual Health and HIV (IAG) to monitor progress and advise the Government. Implementation of the Sexual Health and HIV strategy was boosted by the 2004 Public Health White Paper, *Choosing Health*, which identified sexual health as a public health priority (MedFASH 2010). Indeed, the White Paper specifically addressed, among other things, the issues of access to genito-urinary medicine (GUM), modernising services and accelerating implementation of the National Chlamydia Screening Programme (NCSP) (MedFASH 2010). It also promised to support the TPS and strengthen its 'action to manage risk associated with underage smoking and sexual activity' (Department of Health 2004: 75).

In 2007, after the Health Protection Agency (HPA) had declared a 'sexual health crisis' (Health Protection Agency 2007), the Labour Government commissioned the Independent Advisory Group (IAG) on Sexual Health and HIV to undertake a review of the progress made in implementing the national sexual health and HIV strategy (Department of Health 2010b). A comprehensive report was published for the IAG in July 2008, which outlined the changes in context, the key developments in sexual health and the major achievements since the strategy's publication (MedFASH 2008). The Government's response to the strategy review was published in 2009. Their report, *Moving*

*Forward: Progress and priorities*, provided a summary of actions taken by the Labour Government since the strategy's publication and a more detailed response to the review's national recommendations (MedFASH 2010).

The TPS and the national HIV strategy were designed and implemented in separate domains, despite their common concerns. The TPS was a product of the Social Exclusion Unit (SEU) Report of 1999, monitored by The Teenage Pregnancy Unit (TPU) – a cross-Government Unit set up initially within the Department of Health, but relocated in 2003 to, what was at the time, the newly established Children, Young People and Families Directorate in the Department for Education and Skills (Department for Education and Skills 2005).

The TPS was a cross-cutting, inter-departmental preventive approach focusing on a broad range of issues related to the problem of teen pregnancies, including housing, health, education and social care (Department for Education and Skills 2005). The focus was to target a specific group of young people, who had been identified as broadly vulnerable or at-risk of exclusion and poverty, due to the understanding that: 'Teenage pregnancy is strongly associated with the most deprived and socially excluded young people' (Department for Education and Skills 2006: 7).

The Sexual Health and HIV strategy, on the other hand, was located in the Department of Health and the NHS, and took a more medicalised approach to the problem of disease and infection and sexual health service provision, treatment and preventive care (Department of Health 2001; MedFASH 2010). Although the reports and guidance texts mentioned the complexity of the issues involved and the need to prioritise prevention, the approach was oriented towards health service provision, without requiring any broad, inter-departmental preventive interventions that reach beyond the medical/NHS domain (Department of Health 2013b).

However, the overall English sexual health documents came out of central government concerns with a 'crisis' and a preventative agenda.

### **3.2.3 Recent Developments and Policy Documents**

When the Teenage Pregnancy and the HIV and Sexual Health Strategies ended in 2010 and 2011 respectively, the Coalition Government carried out a series of reforms that changed the sexual health policy landscape significantly (Greer et al. 2014; Department of Health 2010b). Institutional changes include new bodies that have been put in place since 2013, including Public Health England and NHS England. Changes to the commissioning of health services were established as part of a series of reforms promised in the public health



white paper *Healthy Lives, Healthy People* (Department of Health 2010b). The Coalition Government described these changes as necessary and part of a process of devolution and de-centralisation leading to savings in public spending, which resulted in considerable regional variation in how sexual health services were provided and commissioned across Britain (Greer et al. 2014).

In England specifically, the Coalition Government pushed for a restructuring of public health, where local governments were forced to manage financial constraints while taking on new responsibilities in the delivery of health services (Development Economics 2013; Department of Health 2010a). The then Government emphasised that this policy shift involved an increasingly important role for local authorities as strategic leaders and partners in setting health and wellbeing priorities and identifying targets based on local needs (Department of Health 2010a).

Greer et al. (2014) argue that, while this shift has been described as a process of devolved decision-making by the Coalition and Conservative Governments, it represents another failed attempt to separate politics from the management of public health, leaving, in reality, another form of centralised government. Further, these changes have been criticised for being plans to marketise and privatise health care provision as part of a wider Conservative agenda for public services (Lister 2012).

In relation to sexual health, the Conservative Government's 'Framework for Sexual Health Improvement in England' (Department of Health 2013a) attempted to build on previous policy on sexual health. The framework set out the Government's ambitions for sexual health and HIV prevention, including the reduction of under-18 conception rates and STIs as two of the five priority areas for improvement (Department of Health 2013a). It also provided evidence for, and examples of, interventions and actions to improve sexual health outcomes and highlighted the need to prioritise prevention even further (Department of Health 2013a).

This framework also replaced the TPS and its cross-cutting inter-departmental 'exclusion prevention' approach, which was integrated into the commissioning process. Under-18 conceptions remained a key priority within the locally implemented sexual health framework (see DCSF/DH 2010; DH 2013a). The public health outcomes framework (PHOF) was introduced as the tool against which local governments and the NHS could be monitored and the quality and cost-effectiveness of services assessed (Department of Health 2012; Department of Health 2013b). The inclusion of under-18 conception rates as one of the indicators of public health in the new *Public Health Outcomes Framework 2013-16* revealed that this area remains a priority (Department of Health 2012).

According to Lister (2012), the profound changes that were introduced by the Coalition Government and continued by the Conservative Government, including cuts in funding and new forms of privatised commissioning procedures, imposed a new model of health service provision. In order to guide local authorities in the provision of sexual health services in the context of the new commissioning rules and procedures, Public Health England published a document titled '*Making it Work*' in 2014. So, what we see in recent developments is a pattern of continuity in concerns but a change in funding procedures.

#### **3.2.4 Youth Sexual Health Policy in Sweden**

Turning now to the context in Sweden, the historical build-up of the Swedish welfare state is intrinsically linked to the political dominance of the Swedish Social Democratic Party and its close association with the trade union movement (Larsson et al. 2012). A strong emphasis on public health in general, and information on sexual matters in particular, became key components of Swedish modern politics (Bredstrom 2009). With a strong centralised state structure, Swedish social reforms in the 20<sup>th</sup> century included a law to legalise abortion in 1938 and the legalisation of homosexual contacts between adults in 1944 (Lennerhed 2002). Further, Sweden saw its first official teacher's' manual for sexual education introduced in schools in 1945, and in

1955, Sweden made sex education compulsory in all schools (Centerwall 2005).

The social movements and liberalising changes that spread through Western cultures in the 1960 (see, Cook 2004) emerged in Swedish politics through liberal and social democratic youth movements that were seeking to establish a new agenda of sexual politics (Lennerhed 2014). Sexual politics had previously been instrumental during the formation of the Swedish modern state (Larsson et al. 2012). The provision of sexual education and with easy access to condoms and contraception had become an integral part of the state objectives of achieving a healthy Swedish population (Brown 1983; Sandstrom 1998). Up to the early 1970s, sexual health services were set up through the collaboration between maternity care and social services for girls and young women. Similar to the state practices in England, the main focus of the Swedish Government was to prevent socially unacceptable behaviours through regulating girls sexuality (Sandstrom 1998). However, after the HIV crisis in the 1980's, attention turned to STD testing and prevention, and to the sexual behaviour of all young people.

The state sex education syllabus generally reflected the moral codes of previous generations holding traditional view on gender and marriage (see Centerwall 2005). However, religious and traditionalist groups

struggled to promote a conservative agenda in Swedish sexual politics (Lennerhed 2002). In Sweden, the conservative agenda was far more successful in the economic domain in the 1980s. The political rhetoric of economic liberalism and the neo-conservative economic reforms that swept the globe in the 1980s had an impact on Swedish politicians in the late 1980s. Thus, since the 1990s, the privatisation and de-regularisation of health and education have become increasingly incorporated into the mainstream discourses of Swedish politics (Larsson et al. 2012). As a result, the highly centralised welfare society that characterised many of the 'pre-1980s' notions of collective rights and obligations, were increasingly problematised and reformed in order to accommodate the market-based models of economic liberalism (Bjornberg 2012; Larsson et al. 2012).

There is no comprehensive research into the effects of many of these social and structural reforms on the services and interventions targeting young people's sexual health in Sweden. However, abortion rates and chlamydia infections have increased among Swedish youths since the mid-1990s (Swedish Institute for Communicable Disease Control, *Smittskyddsinstitutet*, 2010), and the provision of sexual health services in the country reveal significant differences in the type and quality of the services provided on a local level (RFSU 2011). With regard to sexual education the situation is similar. Research has shown

great differences in quantity, quality and content both between and within schools (Nilsson & Sandstrom 2001; RFSU 2011).

### **3.2.5 Locating the Swedish Sexual Health Policy Documents**

In 2003 the Swedish Parliament passed its first National Public Health Bill titled 'Targets for Public Health' (*Mål för folkhälsan*), establishing eleven cross-government intervention target areas to promote public health. The Bill represented a significant change in the approach to public health, effectively moving away from a medicalised view of public health (Agren 2003). With its focus on influencing the underlying conditions that lead to poor health, the Bill illustrates that, at this time, public health was a key source of concern in Swedish national politics (Agren 2003).

The 2003 Bill reaffirmed that the eleven identified target areas were interrelated, but remain distinctive. In this logic, structural and environmental issues were separated from more individualised health issues. Structural target areas were listed first, and included issues such as 'participation and influence in society' (area one) and economic and social security (area two). The areas considered to be related more closely to individual lifestyles and behaviours, including sexual practice, were at the bottom of the list. Target area number eight addressed sexual and reproductive health; number nine was physical

activity; number ten was eating habits; and finally, number eleven targeted drugs, tobacco, alcohol and gambling (Agren 2003).

Some amendments to the Bill were passed in 2008. For instance, the wording of target area two was changed from 'economic and social security' to 'economic and social conditions'. These changes represented, among other things, a more 'empowering' rather than 'intervening' role for the Government, based on the view that the ability and possibility of individuals to manage and improve their own health should be prioritised (Agren et al. 2013). The 2008 Bill is still the current legislative framework for public health policy in Sweden.

In 2001, the Swedish National Institute of Public Health (*Statens folkhälsoinstitut*) was established, and in 2003 it was put in charge of analysing and evaluating public health policy and reporting to the Government on the situation and progress within each of the eleven target areas. Since then, one progress report was published in 2005 and another in 2010, each with its corresponding 'analysis report' (*kunskapsunderlag*).

In 2005, the first 'National Strategy Against HIV and some other contagious diseases' was put into place and, in 2009, the National Board of Health and Welfare (*Socialstyrelsen*) launched a chlamydia strategy, and a communication strategy, while also reviewing the

prevention work of youth clinics on unwanted pregnancies (see Regeringskansliet 2009).

The documents of 2009 hinted at the institutional reform that was to come, as the Government was seeking to improve the overall coordination of the reporting process for policy area number eight; the promotion of sexual health. In 2010, the Government gave the task of producing an annual collaborative report to two separate Government agencies; the Swedish National Institute of Public Health (*Statens folkhälsoinstitut*) and the National Board of Health and Welfare (*Socialstyrelsen*). Reports were published for the year 2012 and 2013. The last and most recent report came in 2014 after yet another institutional reform which merged three government agencies; the Swedish National Institute of Public Health (*Statens folkhälsoinstitut*), the Swedish Institute for Communicable Disease Control (*Smittskyddsinstitutet*) and parts of the National Board of Health and Welfare. The merger created the Public Health Agency of Sweden (*Folkhälsomyndigheten*) which effectively organises all public health matters under one single institution.

These institutional reforms have come as a result of government efforts to harmonise government strategies and actions on sexual and reproductive health. Since the 2003 Bill on public health, Sweden has produced the National HIV Strategy of 2005, and a pioneering



international strategy on Sexual and Reproductive Health and Rights passed in 2006. The latter carved out a comprehensive space for political action on political, economic, social and global structures and processes to address complex sexual and reproductive health issues, all in one document and in accordance with international sexual and reproductive health and rights (SRHR) policies and institutions (WHO, UN and other agencies).

However, this strategy was produced by the Ministry of Foreign Affairs, in relation to a Bill on Swedish policy for sustainable global development. No such document was created for the domestic arena. Instead, the guidelines and government action plans that have been published to address Swedish sexual health, have focused almost exclusively on the prevention of HIV and other STI (Statens folkhälsoinstitut 2010). As a result, most local governments work with youth to prevent abortions, without any national policy guidelines on how to prevent unintended pregnancies or repeat terminations. To this day, when it comes to the domestic arena, the Swedish Government has allocated very few resources on issues that fall outside a narrowly defined prevention of HIV and STIs (see Statens folkhälsoinstitut 2010, Socialstyrelsen/Folkhälsomyndigheten 2014).

In 2012, several members of Parliament called for a unified domestic policy on SRHR that would, among other things, secure funding for a

broad strategy of action and guarantee the statutory status of sexual education in the future (Parliamentary Motion 2012/13:So587). Since then, the Government has commissioned the newly created Public Health Agency of Sweden and the National Board of Health and Welfare to jointly produce a (*underlag*) report for the creation of a National Sexual and Reproductive Health Strategy (the national equivalent of the international SRHR strategy) with the intention of harmonising Government action in the area of sexuality and reproductive health. This report, presenting a far more comprehensive action plan in a number of key SRHR areas including, gender-based violence, prostitution and trafficking, was published in 2014. However, at the time of writing this chapter, a national strategy has not yet been proposed in the Swedish parliament (*Riksdag*).

### **3.3 Summary of Part One**

The English and Swedish policy contexts reviewed in this section provide a backdrop to the contemporary policy landscapes in England and Sweden. Alongside this account, I locate the policy context of the government documents I have selected for in-depth analysis (see, Table 1 and Table 2, in pages 74-75 and 77-78).

In the next section of this chapter I review contemporary approaches to youth sexual health, and analyse the key constructs and narratives

that underpin representations of young people's sexual health as a political concern.

### **3.4 Constructions of Youth, Sex and Risk**

The research design I have proposed for my thesis (see Chapter Two) means that one of my tasks is to trace the elements that inform the current policy 'truths' about young people's sexual health, as well as the narratives that have been integral to the construction of youth sexual health as an object of reflection, knowledge and political intervention. The object of my analysis is not young people themselves but the problematisation of youth, sex and risk in state policies. The purpose of this review is therefore to shed light on some key aspects of how state practices render youth sexual health as an intelligible object of political intervention, in order to connect these to the analysis of the empirical material that follows on subsequent chapters. Analysing these practices is key to the process of untangling the 'problematic' of governing youth sexual health, as it is being deployed in the field of sexual health promotion (see Foucault 1997b).

#### **3.4.1 Problematising Youth Sexual Health**

As seen in the previous section, sexual health policies build on histories of social and political concerns that have produced an increasingly

complex network of concepts around sexual health and well-being. Since the 1990s, both global and national institutions have called for urgent political action, describing the sexual health of the population as 'urgent' and 'in crisis' (UNGASS 2001; HPA 2007). In response, governments have concentrated on two main factors as priority areas to tackle poor sexual health: high quality sex and relationships education (SRE) and having access to health services and contraception (Arai 2003; Wellings et al. 2012, see also e.g., IPPF 2006). These policy agendas, however, build on certain representations of the causes behind poor sexual health outcomes (in terms of STIs and teen pregnancies). As seen in the first part of this review, the problem is represented primarily as a matter of individual deficiency produced by 'ignorance and risky behaviour' (Department of Health 2001:8). This representation constructs a narrative about the failure of youth to engage in 'safe' sex practices (using contraception, abortion services and other resources to maintain their sexual health) (Arai 2003; Hoggart 2006). Arai (2009: 119) argues in her analysis of teenage pregnancy in the UK, that a 'problem' is constructed around individual 'failure to exercise agency'. According to Arai (2009: 119), this problematisation has moved away from previous moral frameworks which condemned and excluded young single mothers as morally deficient, towards a conceptualisation of socioeconomic burden and loss of opportunities for the young mother (see also, Bonell 2004). The problematisation of failed agency translates into strategies to promote healthy attitudes, knowledge, risk awareness and perception

based on psychosocial theories of health behaviour change (Wight 2008; see e.g., Kirby et al. 2011). Although, theory is generally implied rather than explicit in interventions to promote sexual health (Michie and Abraham 2004; Write 2008) many programmes reflect the analytic and conceptual tradition of cognitive and psychological models of behaviour change (Fisher and Fisher 1998; Write 2008).

As a result, youth sexual health is dominated by interventions that target cognitive levels of individuals rather than emphasising complex or multilevel approaches to sexual health issues (Shoveller and Johnson 2006, see also WHO 2010). For example, in a review of 35 sexual health interventions, Shoveller et al. (2006) found that complex multilevel approaches had not been reported in any of the studies included in the review.

Researchers have criticised these frameworks arguing that while influencing the knowledge levels of young people may be achieved, influencing the actual behaviours of young people is far more complex (Shoveller & Johnson 2006; Marston and King 2006). DiClemente *et al.* (2007), for example, argue in their study that individual level interventions do not achieve the intended behavioural changes and fail to account for the complexity of sexual behaviour. Accounting for cultural and structural factors has been particularly important for bringing issues of power into national and international sexual health debates (Petchesky 1995; Herdt 2004; Teunis and Herdt 2007). In this

context, researchers have also challenged the lack of discourses of sexual pleasure and female agency in sexual health discourses (Tolman et al. 2003; Fine and McClelland 2006; Impett et al. 2006). Moreover, researchers have proposed a rights-based approach capable of taking sexual pleasure into account and building on a more positive definition of sexual health (Thomson 1994b; Aggleton and Campbell 2000). For instance, Holzner and Oetomo (2004: 41) frame a discourse of 'youth sexuality [that] engages notions of citizenship and human rights' to counter what they call discourses of prohibition and intimidation.

At this point, it is worth noting that research emphasising the social and environmental determinants of health is not a novel perspective (see e.g., Bunton, Nettleton & Burrows 1995). Social science research in particular challenged the epistemological bases of youth sexual health research since the early 1990s (Ingham and Aggleton 2006). Researchers have debated the over-reliance on risk-factor epidemiology and psychosocial models of behaviour (Joffe 1996, 1997; Kowalewski et al. 1997), criticised frameworks for being excessively reductionist (Rhodes et al. 1996), and for the underlying assumptions of rationality as the key factor determining sexual practices and behaviours (Ingham et al. 1992).

Much of the criticism raised in relation to sexual health debates shares across other fields of health promotion (Stewart 1993). The

ideas that characterise these fields reflect assumptions about individual behaviour and decision-making which are based on the liberal notion of individual agency (Stewart 1993). These are often 'out of line with what many lay people experience as real possibilities in their everyday lives' (Williams 2003: 147). As the authors of a study on HIV prevention point out, it is 'the most educated' that are more likely to 'respond to health education messages [and] the challenge is to extend this to the rest of the population' (Glynn et al. 2004: 13). The point made by Glynn (2004) is that it becomes meaningless to talk about individual choice when the circumstances surrounding sexual practices are ignored or approached uncritically. These arguments resonate with recent evidence showing that poor health outcomes among young people disproportionately affect those who are in structurally disadvantaged social positions, with the strongest determinants worldwide being factors such as national wealth, income inequality, and access to education and gender (Bell et al. 1999; Viner et al. 2012).

It is possible to talk about progress in relation to the early years of sexual health research, considering that frameworks have become increasingly complex as more factors influencing sexual behaviour are acknowledged and taken into account (Correa et al. 2008; WHO 2010). However, there are still many difficulties when it comes to applying research evidence on the cultural and structural determinants of sexual

health and debates around human rights and power in policy (Parker et al. 2000; Gupta et al. 2008). In practice, psychological and individual level behavioural frameworks continue to dominate sexual health interventions (Shoveller and Johnson 2006; WHO 2010). The relationship between sexual behaviours, structural power dynamics and economic conditions, in particular, does not receive attention in policy settings (Parker 2001; Teunis and Herdt 2007).

However, critical researchers have pointed out that the problem of influencing policy goes beyond questions of how to expand the range of factors taken into account, especially when frameworks remain under-theorised (Trimble 2009; Greteman 2013; Parchev and Langdridge 2016). Contemporary youth sexual health promotion relies on uncritical categories and concepts, especially in relation to the formulations of risks (Bay-Cheng 2003; Brown et al. 2013). Focusing on the 'problems' of young people's sexual activities, while deploying uncritical categories such as 'risky' and 'healthy' sex, implies the reproduction and reaffirmation of the boundaries of 'normalcy' (Bay-Cheng 2003; Fields 2008; Greteman 2013). If sexual behaviour is not put into broader considerations of social, political and economic issues, including rights, responsibilities, citizenship and belonging, there is a danger of reflecting policy discourses and the normative codes of health promotion in research, education and practice (Greteman 2013; Macleod and Vincent 2014; Parchev and Langdridge 2016). Moreover,



frameworks that do not question the underpinning assumptions about young people's sexual choices, behaviours and lifestyles, (consciously and unconsciously) reproduce normative constructions of gender, race and class (Fields 2008; Gilbert 2014; Quinlivan 2017). Hence, policy discourses and assumptions, and the underlying normative codes that shape both conservative *and* progressive ideas about rationality, sexual behaviour, agency and risk, must be critically examined and challenged (Brown et al. 2013; Parchev and Langdridge 2016; Quinlivan 2017).

In the sections that follow below, I set out to explore and analyse the 'truths' and narratives about young people, sex and risk that sustain the problem representations of youth sexual health as a concern for public policy.

### **3.4.2 The construct of youth**

The characteristic that defines youth research or policy as distinct or special, is the notion that youth hold 'the key to the nation's future' in some way (Griffin 1993: 9). The view that positions youth as transitioning psychological and physical stages into adulthood comes from 19th century biological determinism, which continues to influence mainstream narratives about youth in the 21st century (Griffin 1993; Dillabough 2009). Biological determinism constructs the stages of

development that young people must go through to transition from childhood into adulthood (Griffin 1993). In order to understand the dominance of biological discourses over other perspectives I begin by looking at the emergence of youth as a distinct and universal category of the human experience.

Walkerdine (1993: 451) has described the science of developmental psychology as 'one of the "grand narratives of science" through which modernity has been characterized'. What constitutes 'childhood' and 'development' have emerged as products of these knowledges (Walkerdine 1993, 2009). The narrative of scientific knowledge emerged as universal 'truths' about the human condition that provided a 'reality' upon which authorities and governments could act (Rose 1985). In this context, the narrative of adolescence emerged as a result of the specific conditions in a historical moment which combined discourses around sexuality, 'race', class and the construction of the nation state in certain ways (Griffin 1993). Further, it emerged as a response to the demands of the specific conditions of that historical context (Foucault 1978). Before the notion of adolescence was 'discovered', the different relations between children and adults were determined by relations of dependence, marked by each individual's position within the family (Griffin 1993).

According to Rose (1985), the economic and social changes brought about by modernity opened up new fields of knowledge that emerged

in response to the new challenges and demands of changing class relations. In his examination of the development of psychology in Britain, Rose (1985) argued that the main concern of psychology as a scientific discourse was to produce 'positive knowledge' about the 'normal' human mind (Rose 1985: 3). The importance of establishing psychology as scientific discourse was that it made it possible to '[render] knowable the normal and pathological functioning of humans' (Rose 1990: ix).

According to Rose (1985), by the end of the 19th century, the need to produce a regulated workforce, and social and political concerns about crime and the threats to security and private property developed into discourses about the 'degeneration of the race' (a hereditary form of moral and social deterioration), and order and morality became the main governmental priorities (Rose 1985: 39). As part of the project to tackle these concerns, compulsory schooling was established and with it, the newly emergent sciences of the mind 'began to [see childhood] as a distinct period during which bad habits could be laid down that would have a lifelong influence' (Rose 1999: 52, see also, Walkerdine 2009).

As childhood became a distinct 'object' of knowledge, it became necessary to 'know' the 'development' process as well (Rose 1999). The 'developing child' thus emerged as the field of developmental psychology making the 'soul of the young citizen [...] the object of

government through expertise' (Rose 1999: 131, see also, Walkerdine 1993). Expertise promised to reveal the 'nature' which would unlock the secrets of how to eliminate, through discipline and education, the social and moral deterioration of the population and produce rational, 'normal' adults (Rose 1985; Walkerdine 2009).

According to Griffin (1993: 12), ideas about the stages of development were naturalised as 'common sense' knowledge, much like the assumptions about sexuality, gender, race and class, which also drew from biological determinism. These assumptions inspired ideas about progress, and located childhood development at the heart of what was primarily a colonial context, playing a key role in 'preparing elite AngloEuropean males for positions of imperial power and in racializing notions of 'normal' adolescence' (Griffin 1993: 12).

Similarly, Castaneda (2002) argues that at the time of the 'discovery' of adolescence, biology, psychology and morality of human beings were coalescing into a grand story of European, white superiority that could justify the project of colonial modernity. The normative development of the 'developing child' drew on ideas about the evolutionary development of humanity, which built on the 'recapitulation' theory of evolutionary biology (i.e. the evolutionary stages of the species represented in 'stages' of growth in the individual, see, Castaneda 2002: 39). By borrowing ideas about the stages of

growth in biology, changes in social and cultural conditions (such as gender or race relations) could be explained in the same terms. Hence, European, patriarchal civilization could be represented as a higher stage of 'development' in a natural process of cultural evolution that 'evolved' from the primitive, superstitious cultures, to more rational and complex forms of cultural development (Castaneda 2002, see also, Lesko 2001). Recapitulation theory was very popular in the European modern worldview and seen as strong scientific argument for the positivist understanding of human beings as being 'developed' in an evolutionary process that could be controlled in order to secure racial, national and social 'progress' and 'the advancement of civilization' (Lesko 2001: 21).

According to Griffin (1993: 12) the development of the distinct category of adolescence also coincided with a particular form of heterosexual masculinity that demanded strict separation of young males from anything 'feminine', and would eventually lead to the construction of a new 'judicio-legal category': homosexuality. Homosexuality could mirror 'normalcy' back through the formulation of sexual deviance and the identification of pathology (Griffin 1993). Ultimately, the Caucasian male was positioned as the highest form of individual 'development', which implied that all 'others' (women, slaves, savages and other races) represented 'lower' stages of development, in individuals that could not (by nature) continue to

evolve their reason and moral character to the degree of the civilised white man (Castaneda 2002).

The model of heterosexual, white masculinity and the need to secure the achievement of adulthood in the (elite) boy child served to justify the domestic social and gender order and the political, economic and social oppression of people, cultures and nations of the colonised world (Moran 2000; Griffin 1993; Castaneda 2002).

### **3.4.3 Sexuality and Adolescence**

Adolescence became an object of science and a field of political action where concerns and anxieties about the (domestic) 'progress' of Western nations, and the uncertainties of colonial domination could be condensed into the gendered, sexualised and racialised body (Griffin 1993; Moran 2000; Castaneda 2002). The 'advancement of civilization' and the establishment of 'a new, modern social order' became dependent, especially, on the dominance of European, heterosexual masculinity (Lesko 2001: 22, see also, Griffin 1993). And the interventions that could guarantee the best possible use of human resources to secure such dominance required great efforts across society. One of the key concerns was the threat of the 'degeneration of the race' described by Rose (1985: 39) and the question of how the 'developing child' could become an opportunity for intervention. In this

context, the 'development' of sexual desire became the focal point of a particular obsession with the pubescent child among 'developmental psychologists'. As Moran (2000:15) writes:

Without the demand for sexual repression and sublimation, the modern concept of adolescence made no sense at all.

One of the founders of developmental psychology; G. Stanley Hall, delimited a unique stage of development between ages 14 to 24, which he identified as the pivotal moment when the young man crossed over from the animalistic being to the conscious state of the human being (Lesko 2001). This stage was identified as an opportunity to influence the 'development' process because, although adolescence was a dangerous 'crossing', it was also malleable:

Adolescents were identified as having great potential but also as being liable to go astray, imagined as ships without stable moorings or rudders, sexually charged beings who needed to develop character, responsibility, manliness, and focus. (Lesko 2001: 41).

Hence, during adolescence the internalisation of moral superiority was dependent on the development of 'character' and 'reason', which could only develop if the individual was able to control their (animalistic) sexual impulses and desires (Moran 2000). The 'lesser people' would become sexually active (after puberty) to the detriment of continued mental and moral growth (Moran 2000).

The development of childhood is thus a gendered, sexualised and racialised process where the white male child develops 'normally' if he

manages not to succumb to his 'animalistic' (and feminine) drives, entering a period of higher 'development' instead:

Rather than indulging his sexual desires in the interval between puberty and marriage, the civilized adolescent devoted his energies to developing those qualities, such as reason and true morality, that marked his race's advancement over the lesser people. As civilization advanced, so did the probationary period increase to allow the individual time to develop the new, higher evolutionary traits (Moran 2000: 17).

Despite relying on the construct of 'the child', which is already unstable and contested (James & Prout 1990), the concept of childhood development (including adolescence) gradually become accepted as a universal and 'natural' phenomenon (Griffin 1993). Furthermore, Lesko (2001, see also Lesko and Talburt 2012) argues that adolescence as 'developing' in time implies that young bodies are 'always becoming' (Lesko 2001: 94).

The 'development' in childhood is opposed to the position of 'developed' adults and their role in the political and cultural processes of social construction. 'Adults' are the actors of the 'here and now' because 'adults, at least ideally, have become, or that they have [established] stable identities' (Lehr 2008: 207). 'As adolescents are not yet selves, they are not capable of agency' (Lehr 2008: 206), a characteristic which they share with 'the child'.



#### **3.4.4 Heterosexual 'transitions': Disciplining young bodies**

Many of the categories, concepts and ideas that shaped the construction of adolescence live on in the legacy and the trajectory of youth expertise (Dillabough 2009; Lesko and Talbot 2012). Rattansi and Phoenix (2005), emphasise that the binary thinking of Western modernity suggests that identity categories can only be established by radical separation, defining an identity by what it is not. For example, masculine is defined as not feminine, while ignoring any shared characteristics, or internal discrepancies. In this view, social categories are 'the product of relatively arbitrary decisions about the stages of the life-cycle' (2005: 104). Rattansi and Phoenix (2005) argue that stabilising the categories of child, adolescent and adult was central to establishing essentialist notions of identity. A unified single identity located within the individual obscures the dynamic operations of identity construction and reduces the complex interaction between ourselves and others. The former has been cemented in the fundamental dichotomy in Western culture of agency versus structure, through the work of psychoanalysts such as, for example, Erikson (1968) and his ideas about the development of the ego (Rattansi and Phoenix 2005). The stabilisation of the categories of 'child', 'adolescent' and 'adult' through 'essentialist' notions of identity are central to contemporary ideas about who we are and the boundaries of sexual agency and knowledge (Lehr 2008; Robinsson 2012, 2013).

Foucault's (1978) analysis of the institutionalisation of sexual behaviour emerging as a result of disciplinary power, has been central to the development of critical analysis of age, sexuality and youth 'transitions'. Foucault (1977, 1978) viewed disciplinary power as emerging in the practices of regulation and subjection that promised to deliver the kind of docile subjects that industrial modernity needed. The implications of disciplinary power on bodies is that 'the body' is constantly reconstructed in heteronormative categories of 'male' and 'female' which are constructed as opposites, and with a naturalised heterosexual desire between the two (Butler 1999; Zita 1998). In order to stabilise sexual 'normalcy' and guarantee its reproduction, strict sexual scripts of male heterosexual desire have been used to separate sexual acts into those that belong to 'normal' human sexuality, and those that belong to perversion and the pathological (Gagnon and Simon 1973).

The need to conform to sexual scripts reveals how sexual 'normalcy' is not an a priori state (Gagnon and Simon 1973; Butler 1999). It also reveals the contingent nature of idealised adulthood; the unstable construction children are expected to achieve (Zita 1998; Robinson and Davies 2012). As such, sexual 'normalcy' can only be achieved by constant reconstruction and, in relation to young people, by explicit institutionalised education practices and schooling (Rasmussen 2006; Gilbert 2014). In this sense, sexuality emerged as a technology of

power, deployed universally, but most evident in relation to the production of 'the child' which would become cultivated and entangled with the dangers of sexuality (Robinson 2012, 2013). To prevent danger, 'unruly bodies' had to be disciplined in order to reproduce heterosexual 'normalcy' (Foucault 1977, see also Butler 1999).

For Foucault (1977, 1978) the body was the site where disciplinary power was deployed. According to Foucault (1978: 30) the deployment of 'sexuality' as a technology of power to discipline children takes place through micropractices of 'pedagogization' which include 'innumerable institutional devices and discursive strategies'. These practices sustain and police the 'existence' of the gender binary and the stabilisation of gendered subjectivities (Butler 1999). Feminist researchers in education have highlighted the complex forms in which the school environment becomes a site of heterosexual regulation (Epstein 1997a, 1997b; Skelton 2001). Epstein (1997a), for example, illuminates the way in which sexuality permeates the everyday life of children's schooling and how children at an early age are aware of the contested nature of sexuality. Epstein (1997b) also identifies how the dominance of heterosexual masculinities is policed and reproduced across the institutionalised practices and relations in the school environment. These institutionalised practices reveal how disciplining sexual subjectivities is central to the development of identity and the regulation of social life (Thorogood 2000; Gilbert 2014).

The reproduction of 'normal' and 'deviant' masculinities and femininities take form through gendered, racialised and classed social processes that define the conditions in which youth construct their identities (Fields 2008; Gilbert 2014). Youth 'normalcy' is thus idealised through notions of stable and unified adult identities, implicitly constructed as final goal of 'transitions' (Lehr 2008). Implicit, then, is the (invisible) normative category of the 'adult' as the agentic 'self' which is 'capable of managing himself or herself and his or her affairs' (Rose 1999: 44-45). The normative framework established by the adult/child dichotomy is based on binaries such as 'independent/dependent', 'responsible/irresponsible' and 'sexual/pre-sexual', which reaffirm and sustain fundamental assumptions about who gets to be positioned as autonomous subject citizens (Rose 1999; Lehr 2008). Idealised notions of adulthood are dependent on a set of contingent factors, and the meanings that have historically been cultivated around it (Crawford 2012). Value is distributed on either side of binaries, in such a way that knowledges, practices and subjectivities can develop according to 'hierarchies of difference' which define levels of acceptance, respect or tolerance for those knowledges, practices and subjectivities in a certain place and time (Robinson 2013: 25).

Today's commonly shared views and expectations of adulthood are defined in relation to gender specific markers of male and female commitments to the economy through labour and reproduction

(Crawford 2012). As a category, adulthood emerges as the norm of (rational) social action; a self-evident normative framework for social practice whose empirical validity is rarely questioned (Blatterer 2007). As such, adulthood as the final destination is a historically contingent representation of the rational, complete human, which serves as a normative framework for social practice and is continuously stabilised through the concerns, anxieties and knowledges about the young, the incapacitated and the dependent (Rose 1999; Crawford 2006).

In this context, the acceptable disposition in young people 'transitioning' to adulthood implies a commitment in the present to securing a steady job, (heterosexual) marriage and reproduction in the future (Lesko 2001). The failure to display the appropriate commitments to the gendered markers of successful adulthood is perceived as immaturity, exemplified in the terms 'adultescents' and 'kidults', used to describe individuals who, after reaching a certain age, do not meet the expectations of 'real' adulthood (Crawford 2012:141, see also, Blatterer 2007).

As a social category, the construction of 'real' adulthood is rooted in the gendered framework of productivity and reproduction of the postwar era, which, according to Crawford (2012: 145-146):

[...] came to be seen, not just as the symptoms of the time, but as the 'conditions of intelligibility' for adult life, powerfully delimiting what was understood as normal.

However, the ways in which young people are growing up is increasingly characterised by individualised, complex and uncertain conditions (Dwyer and Wyn 2001; Harris 2004). The problem is that most of the conditions that characterised the era of industrial modernity, in terms of participation in the labour market and reproduction, have changed, resulting in a great difference between how adulthood is commonly represented and how it is actually lived (Blatterer 2007; Crawford 2012). For young people this means that the normative benchmarks in representations of adulthood have become increasingly untenable (Lesko 2001).

In response to these conditions, youth is being reinvented in order to respond to the emerging social relations of late capitalism, neoliberalism and globalisation (Mizen 2002; Harris 2004; Kelly 2006). Here, new forms of consumerism, productivity and individual responsibility are shaping the ways in which young people construct identities and engage with social and cultural hierarchies and structures (Dillabough and Kennelly 2010). Hence, young people must be able to navigate and negotiate normative benchmarks and expectations that emphasise self-regulation and individual responsibility, as well as institutional narratives of risky behaviours and 'youth-at-risk' (Brownlie 2001; Kelly 2006).

### 3.4.5 Individualisation, Regulation and Risk

Sociological conceptualisations of risk can broadly be separated into three major theoretical perspectives (Lupton 1999). The first one is associated to the work of Beck (1992, 2000), and the contributions of Giddens (see, e.g., Beck and Giddens 1994). Douglas (1992) offers a symbolic/cultural approach to the significance of risk, and finally, governmentality literature provides an understanding of risk based on Foucauldian analysis of power. In order to examine the ways in which risk is used to address youth sexual behaviours I focus on the last two of the approaches mentioned here.

In the past, political 'truths' were deployed to justify a collective moral responsibility to treat or correct dangerous subjectivities (Foucault 1977). As I have discussed in this chapter, historical 'truths' about young people have often constructed youth categories in terms of danger, delinquency and immorality (Rose 1999; Moran 2000). These 'truths', however, are not defining the frameworks and institutional practices of how young people are 'managed' today (Kelly 2001; Arai 2003; Brown et al. 2013). As Brown (et al. 2013: 333) notes:

The discourses of risk have become increasingly influential in recent years in approaches to and development of policy worldwide, not least as a tool for the management of young people and their behaviours.

The point made by Brown *et al.* (2013) is that the problem of how risk is addressed in youth sexual health is due to how the concept emerges as part of a complex set of institutional practices that characterise

contemporary forms of governance. Governmentality literature argues that the forms of regulatory practices inherent in the logic of risk can be described in terms of individualising processes that create a moral obligation to minimise risk (O'Malley 1996; Rose 1996). Castel (1991: 281) describes this as a shift in state technologies, taking place between the 19th century and the present, which implies a move from 'dangerousness' to 'risk'. According to Castel (1991), these changes imply a new form of dealing with danger where 'threats' are prevented instead of corrected. As states increasingly identified limitations in the capacity of the state to prevent danger, new spaces for new forms of governing emerged, which in turn would begin to transform state practices. In this transformation, the subject is 'dissolved' and replaced by a series of factors of risk (Castel 1991). In terms of governing, Castel (1991) sees risk as facilitating a jump of administration at the level of the individual to the administration at the level of generality (i.e., moving away from building diagnosis on a case to case basis to examining patterns of a disease across populations, see Foucault 2007). In other words, practices of risk respond to the increasingly complex demands of governing in advanced, or post-industrial societies (Castel 1991).

However, in order for this to happen, Castel (1991: 287) argues that 'the notion of risk [must be] made autonomous from that of danger', because danger is located inside individual bodies. In other words, risk



does not require a direct connection to a threat, or dangerous behaviour within a specific body (e.g. masturbation in the child, youth delinquency and promiscuity, etc.) in order to prescribe treatment or correction. Instead, limitless information about all young people is collected, and 'risk factors' are deduced through practices of 'abstract and probabilistic' thinking (Castel 1991). Subjects are no longer dangerous, in fact, there are no subjects of risk (Castel 1991). Instead, there are populations, such as the 'youth' population 'at-risk' (Tait 1995; Kelly 2011). This is not to say that individuals cannot be constructed as 'risky', but risk as a strategy does not require individuals to display any dangerous traits or behaviours to become the targets of government intervention; their level of risk will be determined by abstract forms of compilation and management of the factors that have been defined as being representative of risk (Castel 1991: 288).

Indeed, in 'advanced' liberal societies politics claims to operate at the level of the 'technical' by managing risk through practices guided by concerns of government efficiency (O'Malley 1996). The idea of 'efficiency' is associated with the capacity of risk to become separated from the individual in order to (endlessly) operate on the population as a whole (Castel 1991; O'Malley 1996).

Tait (1995) argues that risk, in relation to 'youth', opens up and multiplies the possibilities of governing young people's 'transitions'. For Tait, risks emerge as novel ways of governing that facilitate:

[...] the deployment of a form of government which, in a manner which 'dangerousness' could not, expedites (for example) the successful transition of youth from school to the workplace' (Tait 1995: 128).

Researchers have argued that risk is the field of action established by the new relationship between knowledge and politics, which represents the 'disengaged dangers from politics and ideology, [in order to] deal with them by the light of science' (Douglas 1992: 4). In other words, risk is a technology of government that has emerged in response to the conditions that characterise governing in the 21st century, capable of sustaining 'reality' to produce continuity and stability (Beck 1992).

#### **3.4.6 Risk and Moral Obligation: Constructing Sexual Risk**

O'Malley (1996) identifies the significant change that is produced by risk in terms of its effects on responsibility and blame. O'Malley (1996: 197) argues that this process also displaces collective responsibility and establishes an individually based morality that he describes as prudentialism:

[...] a technology of governance that removes the key conception of regulating individuals by collectivist risk management, and throws back upon the individual the responsibility for managing risk.

Rose (1996) similarly acknowledges the processes of responsibilisation implied by the liberal project of the self, which compels subjects to manage risk, institutionalising uncertainty and anxiety. The project of 'the self' is dependent on people taking responsibility for the avoidance of risk in such a way that it remains 'continually open to the construction of new problems and the marketing of new solutions' (Rose 2008: 101).

Compelling the subject to take responsibility of minimising risk is at the heart of all 'health promotion'. Clark et al. (2003: 172), for example, describes the rise of discourses of health as a 'moral obligation', requiring individuals to monitor and maximise their own health through 'self-work'. Emphasis on individual responsibility in health discourses implies passing moral judgement and stigmatising subjects that do not actively participate in their own 'self-work' (Clark et al. 2003: 172; see also, Lupton 1995). By making so called healthy lifestyle choices individuals can reduce the chances (and potential costs to society) of developing disease or premature death (Lupton 2013).

Indeed, mainstream literature on youth sexual health often describe youth behaviour in terms of risk-taking behaviours, emphasising individual choice (see e.g., definition of risk in Beyth Marom & Fischhoff 1997: 111). The responsibility to minimise sexual risks, however, is built according to the gender, racial and class lines that constitute the conditions surrounding that 'risky' decision (Fields 2008). Indeed, risk

is always embedded in, for example, gendered expectation of 'normal' adult femininities and masculinities, expressed in the way processes of 'becoming' are constructed as being 'at-risk' of endangering gendered futures (Bay-Cheng et al. 2011). Certain behaviours that might be constructed as problematic (risky) in girls might, therefore, not necessarily involve a risk for boys, in the sense that it does not endanger the future dispositions of males in the same way. Because risk in relation to young people is always about producing 'normal' adulthood, boys and girls will be compelled to engage in their own production of femininities and masculinities. Hence, a 'risky decision' is gender specific, and constructed in relation to socially accepted behaviours and dispositions assigned to men and women at a particular time and place (Butler 1999; Youdell 2006).

As Rhodes and Cusick (2002: 211) note: '[u]nprotected sex is not morally neutral, but subject to competing interpretations of risk acceptability and moral responsibility'. Therefore, many of the sexual health risks confronting young people as they 'transition' into adulthood are linked to the different expectations surrounding girls' and boys' bodies and behaviours. The strategies to minimise those risks are gender specific in that they will be formulated into different priorities, so that policies target and impact girls and boys differently (Bay-Cheng et al. 2011). Risk, in relation to young people, is therefore always about reproducing desired subjectivities. As Kelly (2001: 30) points out: '[y]outh, as it is constructed in at-risk discourses, is at-risk

of jeopardising, through present behaviours and dispositions, desired futures.’.

### **3.4.7 Blame and the Effects of Risk**

While risk is constructed as emerging from the conditions surrounding young people, the practices of public health have developed from an epistemic code based on the control and containment of individual bodies (Armstrong 1993). The control and containment of individual bodies as ways to manage danger was constructed as part of the responsibility of authorities to protect the public (e.g., quarantine). In the context of the logic of risk, however, responsibility falls on the individual to manage the prevention and outcomes of risks (Jackson and Scott 1999). As O’Malley’s (1994) point makes clear, blame is central to the transfer of responsibility from the collective to the individual. However, blame is not only central as a mechanism to put pressure on individuals to conform and manage the self, it also leads to stigma and real political effects that impact on young people’s lives (Kelly 2001, 2003; Weeks 2003). This is because blame reflects the complex socio-cultural hierarchies of social life that construct belonging to the ‘normal’, the accepted insider, and the excluded ‘risky’ other (Douglas 1992).

Douglas (1992) explores the implications of discourses of risk based on her anthropological studies of the construction of purity and danger.

Douglas (1992) highlights the significance of the organic body in the symbolic link that connects the behaviours and spaces of individuals to the wider political and social life. The organic body symbolises these conceptual boundaries where the separation of the pure 'inside' and polluted 'outside' can take physical form. Normative sexual behaviours serve to identify the insider/self and the outsider/other who does not belong. For Douglas (1992) risk discourses have the same socio-political function as the *taboos* she identified in her studies. Following the norms and values within a community, these discourses serve to separate the acceptable and the unacceptable. In this way, social hierarchies, inclusions and exclusions, and boundaries of acceptability of the wider community are maintained by identifying and excluding the 'other' (Douglas 1992). Hence, the political implication for individuals failing to conform to the demands of cultural acceptability is public blame and othering (Douglas 1992). Douglas (1992) illustrates the effects of blame using the example of the gay community, whose bodies were identified with the consequences of HIV (disease and death), becoming othered and the targets of blame. Similarly, Weeks (2003) highlights the demands to conform inherent in political health promotion and describes the construction of sexual citizenship along discourses of 'risk'. The exposure and exclusion experienced by those perceived as 'high risk' individuals in the aftermath of the HIV crisis produced a sense of blame and criminalisation of certain sexual behaviours, identities and populations.

The political impact is about whose behaviours are considered rational, prudent and 'safe', and whose are constructed as 'unsafe', dangerous or irresponsible and can therefore become the target of blame. Since the same sexual behaviours can be problematised differently (producing different power effects for different individuals), age is not necessarily the factor that determines the inclusion or exclusion of sexual citizenship, even in relation to scientific and technical (or apolitical) knowledges of 'risk'. Furthermore, as Douglas (1992) analysis shows, the flipside of preventing danger is blame and exclusion. So, the practices of risks that were supposed to identify and prevent the spread of HIV/AIDS, also lead to the exacerbated homophobia, discrimination and violence that was directed towards sexual non-conforming individuals and the gay community as a whole (Douglas 1992; Weeks 2003).

The consequences of the logic of risk are not always immediately evident as in the case of homophobic HIV/AIDS panics. The technologies of risk produce a whole range of intended and unintended effects (Kelly 2003). According to Jackson and Scott (1999), risk anxiety in relation to children leads to a heightened state of concern and surveillance, which have material effects on the autonomy of children. The desire to keep children safe in the face of uncertainty and risks that are and not easily located can lead to constant adult monitoring and supervision, and a relation of dependency that is

sustained indefinitely (Jackson and Scott 1999). The point made by Jackson and Scott (1999) identifies the pervasive effect of the regulation of young people's behaviours through risk. As Tait (1995) identifies in his analysis, risk implies the almost endless extension of the structures, institutions and practices that supervise the inner world, behaviours and social relations of young people. In the name of keeping them safe, discourses of risk and institutionalised surveillance compromise their autonomy, scrutinising and analysing all aspects of their lives.

For Kelly (2003), risk also raises concerns about how certain populations of young people (such as, for example, teen parents) are represented as dangerous, which shifts the focus away from issues of social and socio-economic inequality. Kelly (2003: 177) argues that the construction of dangerous or 'ungovernable' youth according to risk can lead to policy frameworks where institutionalised surveillance creates a 'politics of mistrust' of certain young people. For Kelly (2003), the pursuit of producing the kind of subject that is capable to manage the risks of the present day, must be thought of as serving the interests of liberal governmentality, and as such, as emerging 'at the intersection of institutionalized imaginings of danger, risk and economy' (Kelly 2003: 177). Hence, as seen in this chapter, those that are 'subjected' to political intervention experience the impact of the deployment of risk differently (Douglas 1992; Kelly 2003; Bay-Cheng et al. 2011). The experience of surveillance, lack of autonomy,



discrimination and even exposure to harassment and violence, will all depend on the complex processes in which risks are projected onto sexualised, gendered, racialised and classed bodies.

### **3.5 Chapter Summary**

This chapter contains a review of the secondary sources included in this thesis. The chapter was presented in two separate parts. The first one reviewed youth sexual health policies and the recent developments in England and Sweden. The literature reviewed helped locate the policy fields in each country and provided the context to the documents that serve as empirical material in the thesis (see, Table 1 and Table 2, in pages 74-75 and 77-78).

The second part of this chapter is a review of the emergence of adolescence, tracing the narratives and practices that have constituted young people as a 'problematic' of government, leading to the regulation of the behaviour of young people through 'risk'.

## Chapter 4

### **What is the problem in Sweden?**

The purpose of this chapter is to present the analysis of the Swedish documents listed in Table 1 (see, Chapter Two). This chapter follows the framework developed in Chapter Two to study the 'problem representations' (Bacchi 2009) in the Swedish material and the ways in which 'that which is to be governed' (Dean 2010) is brought forward as policy 'truths' requiring political action in the Swedish documents.

#### **4.1 Outline of the Chapter**

The analysis is structured according to three main governmental functions, including the ways in which 'that which is to be governed' is made visible, diagnosed and means for action are proposed (Dean 2010). The structure follows the method of analysis described in Chapter Two, where *function* works as a meta-category that can include multiple categories that describe various attributes in the empirical material.

These functions, or meta-categories, organise and bring forward 'the problem' through certain rationalisations of processes and relations in ways that demand, justify and organise government actions in specific arenas (e.g., social, economic, political). The first *function*, or category,

accounts for how the government is able to see certain 'entities' as 'real' (Bacchi 2015); the second for how the government *diagnoses* the problem, and; the third for the *means* of addressing it.

I use Bacchi's (2009) questions to identify subjects and objects in the texts, what processes and relations are established between them, and ultimately, what 'truths' about the 'problem' emerge from the texts. The intention is to identify rationalities and technologies while also maintaining a focus on practices, norms and discourses (Dean 2007).

References to the documents are identified in this chapter by specifying the document number (1 to 10, see table 1 in Chapter Two), followed by the page number, for example, (5: 19) for document number 5, page 19. Any long extract will be separated from the text and the document will be specified using square brackets, for example [5: 19].

## **4.2 What is the Problem Represented to be in the Swedish Text?**

According to Bacchi (2009), the fact that there is a 'sexual health policy' that targets youth indicates that young people's sexual lives are being problematised and that a problem representation does exist. However, the task here is to begin unpacking the many layers that constitute the conceptual logic (Bacchi's Q2) and processes of rationalisation (Foucault 1997b) that have made that problematisation

possible. The first step in this direction came in the form of my review of literature, contained in Chapter Three. The next step is to analyse the empirical material to unlock the problematisation and its effects.

The conceptual logics that sustain policy problems can be described in terms of 'rationalities' and 'technologies' (Rose and Miller 1992). Miller and Rose (1990) argue that 'technologies of government' describe the activities through which political rationalities enter 'domain of reality' (Miller and Rose 1990: 8). They do so by establishing practices and techniques that can act upon the 'entities' that political rationalities have thought of as 'real'. Problematisations thus exist simultaneously in the 'world of thought' and 'in the world of persons and things' (Miller and Rose 1990: 8).

The heterogeneous tactics, discourses, instruments and practices of governing, are the bridges that connect political rationalities and technologies of government. Is these bridges that connect the problematisation as the 'specific work of thought' (Foucault 1997b) and as practices of ruling. In understanding how youth sexual health is problematised, I begin with by finding those connectors (techniques, tactics and practices) that make 'the problem' (as it can be thought) *visible* in reality.

#### 4.2.1 Seeing the problem – Epidemiological Surveillance

In the Swedish material, the problem of youth sexual health is brought from the 'world of thought' to the 'world of persons and things' (Miller and Rose 1990:8) through the use of practices for measuring and calculating such as, for example, epidemiological surveillance:

[4:14] The Swedish Institute for Communicable Disease Control showed over 47 000 cases of chlamydia 2007, which is an increase of over 200 percent compared to 1997 (figure 1).

The question 'what is the problem?' can then be read in terms of *collected* data and objective numbers. Epidemiological statistics imply a claim of objectivity which constitutes the 'field of visibility' (Dean 2010) as external to the problematising process. The use of population statistics in general, and epidemiology in particular represents 'the problem' as external to the techniques of measurement and analysis. In this way, 'the problem' is established as pre-existing the problematising activity:

[2: 16] The epidemiological development in Sweden for sexually transmitted diseases, other than HIV – gonorrhoea, syphilis and chlamydia infections – have reported a stark increase of cases during the second half of the 1990s and the beginning of the 2000s.

Statistics are used to *think/see* what 'the problem' of sexual health *is* among youth in Sweden. Examples of statistics, such as those in the extracts above, are presented *before* any perspective or interpretation of the data is provided. By doing so, statistics and surveillance data are treated as passive elements within the text, obscuring the function and effects of those techniques of calculation themselves in the subsequent

interpretation of 'the problem'. However, numbers are not passive in the problematising process. Instead, following Bacchi's second question, they should be understood as an integral part of the conceptual logic that underpins the representation of youth sexual health as a 'problem'.

According to Nadesan (2008), in the twentieth century the use of aggregated population data and the new capabilities it offered (probabilities, prognostics and predictions) became legitimised and institutionalised practices of public health, as these were 'seemingly more exact' and 'objective' than the clinical science of 'case-to-case diagnostics' (Nadesan 2008: 107).

In the Swedish documents I have analysed, the visibility of a threat to the youth population is establishing through the 'exact' practices of 'objective' knowledge which represent reality as *knowable* and accessible to us, and thus solvable, *through* those practices:

[4: 12f] The ongoing chlamydia epidemic is wide-spread and has a general spread among teens and young adults which is why specific interventions focusing on the chlamydia infection must be taken. That is the reason for this specific action plan. The focus is on preventive interventions to halt the ongoing chlamydia epidemic through increased condom use, improved information in school and a more effective preventive work in healthcare sector. Preventive work involves providing more knowledge and self-awareness in order to reduce sexual risk-taking behaviour.

The government is able to claim to tell 'truths' about people and things, while simultaneously re-inventing the world in a format that locates

the solution to the threat within the political process and government intervention (Miller and Rose 2008).

#### **4.2.2 The Logic of Calculative Practices**

The question of visibility, as evidenced in the extract above, connects the surveillance instrument/technology (epidemiology) to the articulation of the problem and to the issue of how it can be made operable through government programming. According to Miller (2001: 394), calculative practices are 'always intrinsically linked to a particular strategic or programmatic ambition'. There is a necessary correspondence between the practices of surveillance and calculation, and the location of 'the problem' and 'the solution' in the surveilled population:

[1:23] An increase of HIV/STI has been reported among Swedes travelling abroad. The FHI [National Institute for Public Health] has therefore launched an intensive plan of strategy and method development in order to reach people travelling abroad and increase the use of condoms in casual sex both in Sweden and abroad.

[4:21] The fact that teens and young adults have begun to travel more increases the risk of the spread of infectious disease via sexual contact between different sexual networks. The feeling of being free and unattached, and thus dare to try and experiment, can increase sexual risk-taking behaviour.

[1:25] Individual behaviour can be influenced through politically initiated action to change attitudes.

Hence, analysing preventive policy as a calculation of risks at the level of populations implies both a 'technology of surveillance' (Dean 1996) and a 'technology of government' (Rose and Miller 1992). In other

words; a calculative practice enables specific ways of 'acting upon and influencing the actions of individuals' (Miller 2001: 379). And it does so because it provides reliable measurements linked to actual reported figures, or 'truth' (Foucault 2007).

The position of statistics as measures of 'evidence' (see, Miller 2001) is most evident in the way epidemiological data is presented. But other forms of population statistics enjoying the status of 'evidence' are also used to establish the visibility of the 'problem' of young people's sexual health in the Swedish documents I have analysed. The question then, following Bacchi's second question specifically, is to look at what problem representations are produced by *seeing*, or *finding*, the 'problem' within calculative logics and techniques.

#### **4.2.3 Problem Representations**

In the Public Health Bill of 2008 (document 3 in table 1), for example, the sexual health 'problem' is represented by identifying indicators of sexual ill-health, and described in the document as: 'The development of chlamydia infections is worrying' and 'The percentage of unwanted pregnancies among teens has increased' (3: 38). Similarly, the National Action Plan against Chlamydia (document 4 in table 1) uses extensive epidemiological data to describe a problem of 'a generalised *epidemic* among teens and young adults' (4: 14, my emphasis), while



the report for the Sexual and Reproductive Health and Rights Strategy (document 10 in table 1) identifies current sexual health problems firstly as:

[10: 12] The prevalence of chlamydia and unwanted pregnancies among teens and young adults is still high.

However, the issue of pregnancies among teens is far more diffuse than the problem of STIs, and while unwanted pregnancy rates are described as 'high', there is no sense of urgency to the teen pregnancy 'problem', and the issue is described as being comparatively less serious than in other countries:

[10: 27] In Sweden teens do not give birth to the extent to which they do in many other developed countries, such as for example, England and the USA.

While many documents mention teen pregnancies, it is generally in relation to unwanted pregnancies among women of any age. When the 'problem' of unwanted pregnancies is addressed, it does not emerge as an issue that is prioritised:

[10: 27] Today there is no agent on a national level responsible for the work on preventing unwanted pregnancies from a population perspective.

Overall, the Swedish documents I have analysed are far more focused on HIV and STIs than pregnancies. Out of the ten documents analysed, four of them (docs 2, 4, 5 and 7) target HIV and other STIs specifically, while not a single document focuses on pregnancies. This tendency is further reflected in the ambiguous formulations I found regarding pregnancy as a 'problem'. Especially in the sense that neither does

pregnancy represent poor sexual health *per se*, nor is the path to prevention as clear as with disease avoidance:

[3: 86] Preventing unwanted pregnancies is more complex than preventing sexually transmitted diseases. A pregnancy that is initially experienced as unwanted does not always remain so, but some women change their minds and decide to continue with the pregnancy.

The Swedish Government's considerations of the issue reflect an approach that appears to seek to manage the complexity of preventing unwanted pregnancies in all age groups:

[6: 283] Society's responsibility is to provide the knowledge and means that give people the possibilities to freely and responsibly plan their own childbearing. The task is also to prevent unwanted pregnancies, which is not the same as preventing abortions. The intention is primarily to prevent unwanted childbearing through preventive interventions and with abortion as a complement.

However, the preventive interventions mentioned here, and particularly when addressing youth, are not specified or discussed further in this document, nor are they clearly defined in any other document. Instead, the Swedish Government proposes a series of actions to improve the reproductive care for women in general, including good and safe abortions and abortion aftercare, low maternal and child mortality rates (see documents 1, 6 and 8), and the prevention of repeat abortion (see e.g., 8: 49f).

For teen mothers, the Government proposes support to help them in the challenges they face, without specifying how teen pregnancies should be prevented (8: 49). The focus is on offering a high-quality

health service and, in particular, 'early care' (see 1: 28; 8: 40) for abortions. The 'problem' of pregnancies is defined in relation to the urgency to proceed 'without delays' (1: 30) or, in other words, 'as soon as possible' once a woman has 'made up her mind' (6: 274). This is a representation of the 'problem' where the Government is particularly careful not to represent itself as part of this 'making up of minds' process, but rather as responsible for offering 'possibilities', and good abortion care for those who choose to terminate the pregnancy.

The issue of HIV and STI, on the other hand, is clearly a matter to be solved through Government policy:

[2: 30] The target of society's efforts should be to contain the spread of HIV and other sexually transmitted and blood-borne diseases and contain the consequences of these infections for society and the individual.

Hence, the field of visibility emerges through the governmental responsibility of prevention because it connects disease and ill-health to the wider concerns of governmental responsibilities:

[2: 26] Public health is of great significance for society, and interventions for better public health are an important part of working towards welfare and growth. [...] The national public health policy makes clear that people's health is the responsibility of society by highlighting the connection between the social conditions – that can be influenced by political decision-making – and the overall development of public health in the population.

The connections that link 'the problem' to governmental action are supported by reporting epidemiological data (see e.g., 2: 12ff; 6: 264ff; 8: 32f) or short extracts or references to such data (see 3: 38; 4: 14; 10: 12). However, as the extract above highlights, it is not the

display of numbers themselves that define the visibility and establish the existence of 'the problem'. Rather, it is the representation of a governmental responsibility within the realm (and reach) of legitimate political intervention which is sustained by the surveillance and calculative practices.

#### **4.2.4 Problem Representations of Risk**

If we consider both question 2 and question 3 in Bacchi's approach, we can begin to examine the connections between the conceptual logic of calculative practices and the genealogical 'track' on which youth sexual health has become 'a problem'. Indeed, the calculative practices described above sets the 'condition of government' (Dean 1996), and make the problem representation of youth sexual health intelligible. As such, these practices constitute a 'technology of government' (Rose and Miller 1992). Furthermore, the 'conditions of emergence' (Dean 2007) of calculative practices and logics are embedded in the production of 'the population' (Foucault 2007), and in wider discourses of 'risk' (Castel 1991).

This is because the 'factors' that produce risks distributed across the population (Castel 1991) are produced by the calculative practices that establish a certain field of visibility. It is this field of visibility upon which normative claims can be made about certain groups and individuals

(e.g. youth). As a result, the calculation of risk entails a problematisation where individuals within the population can be defined and identified as sexual *risk-takers*:

[2: 76] The available statistics clearly show that a significant sexual risk-taking behaviour permeates the youth population [...].

[6: 263] The strong increase of chlamydia can be seen as a signal of an increased sexual risk-taking in this age group.

[4: 8] The downside of today's more allowing and free view of sexuality is that the risk for the spread of sexually transmitted infections has increased which among other things has led to the ongoing chlamydia epidemic.

Moreover, the primary target of governmental risk prevention is not to stop the threat, but to 'anticipate all the possible forms of irruption of danger' (Castel 1991: 288). Therefore, the imperative of prevention underpinned by discourses of risk creates an unlimited demand for further surveillance (Castel 1991). As a result, risk rationalities render ill-health as threats of imminent danger to the population and justify an ever increasing expansion in the scope of prevention policies:

[2: 76] The fact that we cannot see, as of today, a significant spread of HIV infection in the youth groups does not mean that such a development is not a possible future scenario. Therefore, the view of the Government is that there is every reason to face this threat with a broad and comprehensive preventive action.

This in turn requires further statistical surveillance of young people:

[8: 110] Knowledge about ill-health related to SRHR on different groups is missing. [...] This limits the possibilities to identify the factors that promote health and prevent disease. In this context, representative population statistics becomes important: data on life circumstances and general health in different groups is monitored over time. This kind of data is also necessary to identify and address differences in health between different groups.

[4: 28] The National Board of Health and Welfare will be carrying out a recurring youth study on attitude, knowledge and behaviour. [...] This study will be a systematic and scientifically substantiated monitoring of teens and young adults' attitudes and behaviours.

Discourses of risk legitimise surveillance strategies which, in turn, make the problem visible in a continuous cycle of *knowing* and *acting* on 'the problem' of youth sexual health. This expansion of the practices of data collection and analysis are key, not only for establishing a institutionally legitimised field of visibility, but also for rendering 'sexual risk prevention' as operable by turning it into 'an active, technical process' of government (Miller and Rose 2008: 65). This is a process which provides governments with a particular set of governmental (risk) technologies and practices (Nadesan 2008; Dean 2010; Miller and Rose 1990).

#### **4.3 Diagnosing the problem – Frameworks of Thought**

The location of a field of visibility (see also, 'optical frame' in Villadsen and Wahlberg 2015: 7) helps us begin to unpack the conceptual logic underpinning the problematisation under examination. In the Swedish documents I have analysed, I found rationalities of risk and techniques of surveillance and statistical analysis. Now, following Bacchi's third question, further examination of how the problematisation builds on historically developed power relations is needed (Bacchi 2009). This

includes unpacking how the techniques and rationalities of risk turn 'sexual health' into a given, but solvable, problem (Dean 2010).

In order to find a solution to the problem, the question quickly turns to finding the *cause* of the problem (Bacchi 2009). The cause is the location of blame and will determine power relations in how subjects are positioned in relation to themselves and to other subjects and things.

#### **4.3.1 Who is to Blame?**

The cause for the spread of STIs, as well as unwanted teen pregnancies, is identified in the material as 'unprotected sex'. In the 2005 report of sexuality and reproductive health, for instance, a causal relationship is established between 'unprotected sex' and its negative effects on sexual health:

[1: 6] Unprotected sex is the cause behind both unwanted teen pregnancies and sexually transmitted infections (STI) among teens.

The problem for the Government is to determine who is responsible for young people engaging in this kind of sex. For this analysis, it is useful to look more closely at how 'unprotected sex' is constructed. 'Unprotected sex' is created from the indicator 'condom use' (see doc. 1, 4 and 8) which is based on Knowledge, Attitude and Behaviour (KAB) surveys (see 1: 13). Despite acknowledging that the reasons behind

individual behaviours are complex (see e.g., 1: 15; 4: 20f; 5: 137f) the methodological individualism of KAB surveys assume that individual level behaviours can explain risks at population levels; in other words, that individual behaviour reflects actual STI risk (see, Shoveller et al. 2006).

According to Miller (2001: 380), the 'ability to link together individual responsibility and calculation: to create the responsible and calculating individual' is at the heart of risk calculation practices as technologies of government. But the process of individualising risk cannot be achieved within the rationalities of risk themselves. Historical narratives of adolescence as a tormentous and dangerous time (see Chapter Three) seem to further reaffirm the problematisation of young people as essentially risk-takers, exemplified by their personal lifestyles and habits (e.g., 6: 275; 4: 21) such as having 'more partners and casual sexual contact' (4: 20).

In cases where 'social circumstances' are considered, they serve to calculate the influence of environmental and social factors on what is assumed to be typical risk-taking behaviour among youth. Hence, a number of problematic behaviours become entangled in the narratives of risk that cause youth sexual ill-health; 'the increased consumption of alcohol' (4: 21 see also 5: 136; 8: 20); 'sexual violence' (1: 10; 8: 86; 3: 89) and the internet which implies that 'pornography has today



become more accessible' (6: 275 see also 5: 148f). Multiple factors are connected to the problem representation of the 'circumstances' of the difficult time that young people must transition. Nonetheless, despite acknowledging the complexities and difficulties of modern life, risk behaviours are constructed as a matter of choice. In individualised narratives of risk, a risk is *taken* by the individual:

[4: 21] Today's individualised society puts high demands of mental health. The individual must be able to make independent choices in many situations. One of these situations is the sexual encounter.

If we consider Bacchi's fourth question, it is easy to see how the individualisation of risk means that contributing social factors are used within a narrow framework that only examines social and structural factors in order to explain the circumstances around individual choice. Individual choice, as the essentialist notion of the agentic Self (see Chapter Two), is assumed equally for every young person who enters the 'adult' world of independence and responsibility. By drawing on the construction of the agentic Self, 'the problem' is presented through a conceptual logic of risk rationalities which introduces new (scientific and institutionally legitimised) practices for understanding and calculating reality, but without acknowledging the historical discursive formulations of the precarious sexuality of youth in which they are embedded. Hence, following Bacchi's second question, it is possible to see how the problematisation of youth sexual health which is rendered as novel and objective is, in fact, built on unchallenged presuppositions about the dangers of youth sexuality.

Furthermore, the Swedish Government's narrative on public health promotion is emphatically 'empowering', putting individual choice at the heart of public policy:

[3: 7, my emphasis] One important purpose of the Government's public health policy is to provide the knowledge and awareness that make it possible for people to partly make independent decisions about their health based on facts, and partly to develop the skills that are necessary for a healthy lifestyle. Great improvements of public health can be achieved if the individual has the possibility to take, *and takes*, greater responsibility for their his/her health.

The effect of individualising risk through choice is individual responsibility (O'Malley 1996). As a result of this process, none of the factors that are linked to 'unprotected sex' in the texts I have analysed (alcohol, stress, violence, internet, etc.), are represented as alternative *causes* of sexual ill-health. If they were, then socio-economic inequality or structural deprivation could become the main target of sexual health policies (see Bacchi's Q4). But it is risky behaviours, or choices, that remain at the centre of attention. Youth sexual health is repeatedly positioned as a matter of individual choice instead, where young people are choosing are have too many partners, engaging in casual sex (rather than relationship sex), consuming too much alcohol and pornography, and ultimately, failing to use condoms. As the extract above explains, sexual encounters demand from us a series of active choices, and choices inevitably imply responsibility.

#### 4.3.2 Normalisation

The normalisation of 'protected' sex is intrinsically linked to the responsabilisation of risk. At this point, it is important to remember that I am not arguing that protected sex is good or bad. It is not my task to try to adjudicate between different frameworks of thought (Foucault 1997b). Instead, I am trying to track the conditions that have made them possible.

According to Rabinow (2005: 187), the target of surveillance techniques is not a person but the population, where risk can be produced by anticipating 'possible loci of dangerous irruptions, through the identification of sites statistically locatable in relation to norms and means'. In the Swedish material, the identification of risks of 'unprotected sex' is strategically made in relation to norms of 'reason' and 'responsibility' for sexual behaviours. This identification of risk in relation to norms urges us to plan and care for our future physical, mental and sexual health. Hence, 'unprotected sex' is embedded in normative understandings of sexual behaviour, as the term *unprotected* suggests, which tells us that irresponsible and risky lifestyles and habits are part of a changing 'love ideology' among youth (4: 20):

[4: 20] A [Fuck Buddy] relationship involves having casual sex among friends without having a proper [love] relationship. FB-relationships can be lasting and be as stable as an established relationship. The requirement of faithfulness, however, is not taken for granted as it usually is in a [love] relationship. FB-relationships can therefore be a factor facilitating the increase of parallel sexual relationships.

[6: 275] Recent studies indicate that the number of [sexual] partners is increasingly high. Among teens, the percentage having three or more sexual partners in the last year has increased in all age groups, except for men in ages 20-24 (table 3).

Further, responsible sexual choices are normalised by pointing to the *irrationality* of 'unprotected sex', as having knowledge about condoms and how to engage in 'protected sex' is taken as sufficient motivation to avoid risk:

[4: 24, my emphasis] Condom use *should have* increased, especially among young adults, considering the changed behaviours [more partners and casual sex] and since the knowledge of condoms as protection is good. But the increase has failed to materialise – no significant improvements have been registered.

[5: 64] Most sexually active individuals already have [condom] knowledge. We also need to understand why some people, despite the risk, do not always protect themselves, why some groups in society take different risks, what influence do the surrounding norms and other factors have on whether you expose yourself to different kinds of risky habits and behaviours.

The normalisation of certain sexual behaviours as self-evidently rational due to their 'protective' capacity results in a problem representation that asks questions about those whose behaviours fall outside of the norm. As O'Malley (1996) described, the texts establish an individually-based morality that constructs 'prudent' behaviour as the norm; as what can be taken for granted. Rather than exploring the conditions behind why some young people *do* use condoms, this is a non-question. Instead, 'prudentialism' is assumed, putting into question the behaviours that fail to live up to the responsibility that is placed on the individual (O'Malley 1996). The norm of prudent and responsible behaviour serves to locate 'a problem' among the youth

population by determining which behaviours are to be diagnosed, and which can go unnoticed. Hence, by drawing on discourses of irrationality to construct notions of riskiness, 'unprotected sex' becomes a representation of problematic *difference*.

The diagnosis of 'the problem', as a technology of Government, implies the normalisation of protected sex as a matter of reason rather than as a discursive practice embedded in power relations (see Bacchi 2009, in particular, Q3 and Q4).

The association of 'good' sexual behaviour with reason and responsibility is underpinned by the assumption that *if* young people have adequate knowledge about how to avoid risks *then* the rational behaviour should follow. Normalisation processes allow the necessary connections to be made so that when the *normal* happens, behaviors and practices are naturalised and invisibilised. As such, historical and social advantages and privileges that have sustained 'good' sexual choices are obscured and forgotten. These normalisation processes set the conditions under which the regulation of *difference* through discourses of individualised risk and responsibility become thinkable and justifiable (Bacchi's Q2 and Q3).

#### 4.4 Means of Governance – Knowledge and Power

In order to examine governing as both thought and action (Foucault 1997a, 1991) I now return to Bacchi's initial task of identifying what the Swedish policy documents I have analysed say is to be done (Q1 in Bacchi 2009). This question asks the texts about what is proposed to be the solution to the problem, and *how* that solution could emerge.

So far, my attention has been on examining the problematisation of youth sexual health as one that can be *seen* (measured, surveilled, calculated and represented), and *diagnosed* (explained, analysed and bound to normative constructions of sex). The space given to visualise and explain 'the problem' in the Swedish material is significant. In this sense, policy problems could be thought of as problems of *knowing*, or understanding, the very conditions which have become problematic (Foucault 1997b). Therefore, when examining what is actually being proposed in terms of action, and how action is constituted, it may be worth keeping in mind that action to address a problem is inseparable from the discursive field formed by the knowledges that *know* the problem.

Indeed, while the actions proposed by the Swedish Government in the material are multiple, they are all connected to the discursive field in which the problem has become *known*. We can therefore see that government recommendations include proposals to produce further

*knowledge* that can extend the discursive field and, in turn, extend the fields of governmental action (see e.g. doc. 8:110 on the need for further surveillance, *befolkningsstudier*). Continuous data collection and analysis is therefore a prerequisite for action:

[8: 9] What characterises healthy lifestyles that support sexual and reproductive health is relatively unknown, among other things, due to the lack of representative population data in the field where we can monitor its development.

As new techniques of surveillance and calculative practices become available and expert knowledges continuously expand the discursive field, the fields of action for governments appears within this knowledge-action relation as one that opens up the possibilities for further knowledge/regulation of young people's lives. However, the proposed action I have identified in the texts under review do not express limitless power, and are much less random that might be expected. Instead, it is the issue of educating and shaping behaviours among young people that is identified in the material as particularly relevant:

[3: 86] From a public health perspective, it is particularly imperative to promote sexual health among teens, as the base for how sexuality is viewed and the conditions for future sexual life is set during this period.

[10: 22] The school is the single most important arena in health-promoting work.

[8:111, government recommendation] Develop education in sexuality and relations [...] Given that the school is the single most important place for changing attitudes and behaviours within the SRHR arena.

According to Foucault (2007) this course of action is best explained in relation to the process of how governments 'rationalise' the

deployment of political power or, in other words, how the Government deploys power to achieve or promote its ends (see also, Foucault 1997b). Indeed, the fields of action are limited by the reach of expert knowledge, and set by the *modus operandi* of government, as illustrated by the point made by Rabinow (2005:187, see page 154) about the potential of risk discourses. This process of rationalisation embedded in a logic of risk is about the transfer of responsibility which carries with it both a causal dimension (individual action as the cause) and a moral obligation to act (inciting or activating that moral obligation becomes the main task of the state):

[10: 19] Health promoting interventions are based on a positive view of sexuality and health, as well as a holistic understanding of human beings, like the possibility to enjoy pleasurable and safe sexual experiences, free from oppression, discrimination and violence. Health is viewed as a resource to be looked after and interventions are to strengthen the individual's possibility to make good decisions and reduce their risk-taking.

[3: 85] Health risks related to sexual behaviour can be prevented. It is in part about fact-based sexual education, and in part about strengthening the individual's own identity, self-esteem and ability to manage relationships to other people.

The imperative to act, as it is manifested in the texts, does not imply attempts to control the (known) problematic conditions that constitute the problem through direct regulation. Rather, indirect means of regulation are used to educate, motivate or activate citizens to take personal responsibility for their behaviours, relations and choices.



#### **4.4.1 Government Action and Individual Freedom**

Hence, in the Swedish material I have found a sustained critique of excessive regulation and active engagement in discussions of weakening or retracting Government regulation in favour of individual freedom:

[10: 19] Health-promotion work can be described as the process that makes it possible for people to gain control over and improve their health.

[6: 283] Society's responsibility is to provide the knowledge and means that give people the possibilities to freely and responsibly plan their own childbearing.

The biopolitical problem for governments rationalised in this way, within such a logic of individual freedom, could therefore be conceptualised as the 'distance' that emerges between an increasing expertise of the conditions that produce a problem (primarily in the form of statistics or 'science of the state', see Foucault 2007:100f), and the individual actions that move the population away from what becomes the optimal conditions (a healthy population, well-being, social development and economic growth and security).

[5: 84, on health staff managing youth risky behaviours] It concerns areas where the young person makes a personal choice, but where staff also have a clear understanding of what would be best. The situation is not made easier by the fact that the young person's choice can affect the staff's work in terms of for example unwanted pregnancies or chlamydia infections.

The combination of the 'distance' and the 'limitation' to intervene imposed by the logic of freedom, presents itself as an opportune and viable route for political action in which the task of the Government is to align the interest and desires of the individual to the biopolitical and

economic interests of the state. By doing so, the optimisation process (risk prevention and health promotion) is deployed by the individual onto the Self (Foucault 2007, 2008):

[9: 9] A public health policy with the individual at heart should be forward-looking, stimulating and inspiring. People should be given the possibility to define their health themselves, formulate their eventual problems and be given the possibility to find solutions to them. The respect for each person's integrity and strength should be prioritised. To take responsibility for and influence our own health should feel gratifying, engaging and imperative.

These are the governmental means to intervene and influence individual behaviours to secure life (optimisation) without interfering excessively in the self-governing mechanisms of public and political life (Miller and Rose 2008). For Foucault (2007; 2008), the tension between the endless capabilities of biopolitical regulation, on the one hand, and the aspirations of liberal political rationalities that emphasise individual autonomy, on the other, sets the specific form of rationalisation and deployment of biopower.

The tactic of governing subjectivity I have found in the Swedish policy documents I have analysed, can therefore be understood as what Foucault described as the solution to the tension he sees in neoliberal forms of government between the mandate to rule and individual freedom (Foucault 2008). The solution is to govern 'through freedom', not force or coercion; to influence conduct from within (Foucault 2008). The solution is also described as governing 'at a distance', that is,

without the coercion of sovereignty and discipline as the main instruments of power (Rose 1990, 1996; Rose and Miller 1992).

However, for individuals to self-govern, states must encourage the circulation of 'free conduct' (Foucault 2007) through biopower; this is the task of the government:

[3: 10] It is the motivation from within, rather than external guidance that is the focus.

Hence, the promotion of the political objective is achieved through the promotion of subjectivity (Miller and Rose 2008), making the desires, views, attitudes and behaviours of the subject the object of political action. Although this is generally understood as disciplining the subject, as seen in Chapter Three, this is not the central role of the tactics and techniques of government I have identified in the Swedish material.

The means of government I have found in my analysis of the Swedish policy texts do seek to align the subject to governmental goals, but the means through which it is proposed is best understood, not through the techniques of disciplining subjects into 'docile bodies' (see, Foucault 1977), but rather through Foucault's notion of freedom, which takes into account the 'characteristics' of the object to be governed and respects its development and dynamic (Foucault 2007):

[6:275] In today's fast changing society views on sexuality as well as the sexual experiences people engage in are also changing.

[5:53] People's behaviours are influenced by the norms and values of the social groups that are important to them. Teens may perceive that taking risks is the norm in order to fit in a group. In that case, they will not use condoms even if they know condoms are protective.

[4:26] Behaviours can only be changes through self-awareness and improved risk perception. The individual must feel that the benefits of, for example, using condoms, outweighs the disadvantages.

These extracts are examples of regulatory practices seen which are less concerned with knowing, identifying and correcting those individuals that fail to live up to expectations, but focus instead on finding ways to match the goals of government to the desires, goals and values of individuals. These means of government operate through freedom, in the sense that:

their purpose is not to modify any given phenomenon as such, or to modify any given individual in so far as he is an individual, but, essentially, to intervene at the level of their generality. [...] it is, in a word, a matter of taking control of life and the biological processes of man-as-species and of ensuring that they are not disciplined, but regularized (Foucault 2003: 246-247).

This is not to say that disciplinary means are eliminated or made obsolete. Governmental rationalities and technologies do not constitute a uniform or homogeneous problem-space. They bring a diverse, heterogeneous and complex multitude of elements together, continuously aligning them in order to include and integrate new emergent elements in a dynamic way. Nonetheless, in the Swedish material I have analysed, it is the feature of regulating freedom that predominates. Tactics of discipline do form a part of the means of

governing, although these are organised under the logic of generalising (rather than individualising) regulation:

[8: 28] Having knowledge about the fact that few teens get tested for HIV and that they have more sexual partners than before, there is a pending risk that the spread of the disease could be quite fast if the infection gets into the youth population.

[10: 26] The general preventive work in the school system reaches all young people. Particularly vulnerable and risk-taking youth and young adults must be identified at the individual level in order to receive advice and support based on their own individual needs.

[5: 178] Youth that put themselves at sexual risk must be identified in order to be offered advice on risk-reduction.

At the point of identifying, segmenting and classifying certain individuals as risky or vulnerable, these may be picked out and targeted on an individual level, in which case disciplinary mechanisms immediately become visible. However, as mentioned above, the focus is not on individualising means of governance, despite the individualisation of risk seen in the way youth sexual health is diagnosed. Instead, the means of governance are centred around techniques and mechanisms of security, which Foucault (2003:249) distinguished from disciplinary technologies as follows:

Both technologies are obviously technologies of the body, but one is a technology in which the body is individualized as an organism endowed with capacities, while the other is a technology in which bodies are replaced by general biological processes.

The Swedish policy documents that I have analysed reflect a technology of government that builds on the (mass) characteristic of the youth population, which for example, has the tendency not to get tested and has (relatively) a greater number of sexual partners. It is a

technology of government that makes governing a matter of pre-empting and regulating a series of uncertain phenomena that might occur within the (biological) living processes of the population. These are 'mechanisms of security' (Foucault 2007) which seek to assess and predict the probability of different events (e.g., disease and youth pregnancies), not to prevent the event (e.g., through abstinence before marriage) but to compensate for its effects (promote risk reduction, make condoms and abortions accessible, etc.).

#### **4.5 Chapter Summary**

This chapter analyses the way in which youth sexual health is problematised in the Swedish policy documents that I have analysed. As seen in this chapter, the way in which the problem of youth sexual health is represented and problematised in the material is through mechanisms internal to the apparatus of security; that is, through a concern where the population appears as both the end and instrument of government (Foucault 2007: 105). In other words, there is a strategic deployment of security as a way to 'see, diagnose and address' the problem of youth sexual health. The effect is an emerging biopolitical problem-space, which aligns multiple elements (discourses of risk, normalisation, individualisation, responsibility) to produce a coherent and legitimate discursive field upon which certain practices

(governmental means of ruling) become intelligible, justified and legitimate (Ball 2015; Dillon 2015).

## Chapter 5

### **What is the problem in England?**

In this chapter, I present my analysis of the English documents that I have examined. As with the previous chapter on the Swedish material, this chapter deploys the framework detailed in Chapter Two to explore the 'problem representations' (Bacchi 2009) and the ways in which 'that which is to be governed' (Dean 2010) emerges in the English texts as policy 'truths' requiring political action.

#### **5.1 Outline of the Chapter**

The structure of this chapter replicates that of Chapter Four. The documents listed in Table 2 (see Chapter Two) are analysed according to the 'phases' described in Chapter Two (see section 2.2).

As detailed in Chapter Four, my analysis begins by separating the texts into three main governmental 'functions' according to the first phase described in section 2.2 in Chapter Two. The functions, or categories, reveal 'the problem' through certain rationalisations of events, processes and relations in ways that demand, justify and organise government actions in specific arenas (e.g., social, economic, political). Following this organising schema, the first *function*, or category, accounts for how the government is able to see certain 'entities' as



`real' (Bacchi 2015); the second, for how the government *diagnoses* the problem and; the third, for the *means* of addressing it.

In the same manner as with Chapter Four, I then use Bacchi's (2009) guide and questions to identify which subjects and objects emerge, what processes and relations are established between them, and ultimately, what 'truths' or 'problem representations' emerge from the texts. Again, the intention is not only to identify the means of rationalisation but also, and especially, what practices and approaches are supported by these 'conditions of acceptability' (Dean 2007: 78). References to the documents are also made in the same way as in the previous chapter; specifying the document number (1 to 10, table 2 in Chapter Two), and the page number, for example, (5: 19) for document number 5, page 19. Extended quotes will be separated from the text and the document will be specified using square brackets, for example [5: 19].

## **5.2 What is the Problem Represented to be in the English Texts?**

Mirroring the approach I took to the analysis of the Swedish documents, my task starts with an exploration of the conceptual logic (Bacchi's Q2) and processes of rationalisation (Foucault 1997b) behind the problem representation and problematisation of youth sexual health in the English policy material, starting with the ways in which

the material is able to make a specific problem 'visible'; how certain 'entities' come to be seen as 'real' (Bacchi 2015).

### **5.2.1 Seeing the problem – Techniques of Visualisation**

The English documents contain a wide range of population statistics which are used to detail 'the problem'. The statistics used in the English material are diverse and make 'the problem' visible from multiple angles. There are many similarities with the Swedish material in terms of the use of statistics as an instrument to make 'the problem' visible. The way in which statistics is used to formulate 'the problem', however, is specific for the English context.

By looking first at the kind of statistical data that is used in the documents, it is easy to find examples of epidemiological data monitored over time and used to establish an increase in the prevalence of disease:

[1: 145] HIV prevalence increased by 20% in 2002 compared with 2001.

[6: 19] Rates of STIs such as chlamydia are increasing, with 15–24-year-olds the most affected group.

[5: 9] Data from GUM clinics suggests increases in the number of diagnosed cases of chlamydia, herpes and warts among 16-24 year olds over the last few years.

In other cases, statistics is used to calculate probabilities and make predictions:

[1: 10] As many as one in 10 sexually active young women may be infected with chlamydia, which can cause infertility.

[7: 16] ... the infant mortality rate for babies born to teenage mothers is 60 per cent higher than for babies born to older mothers; teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth;

The area of visibility or 'optical frame' (Villadsen and Wahlberg 2015: 7) made possible through these calculations and predictions is not a product of the data itself. Rather, the problem becomes visible when a technique such as statistical surveillance is used to further segment, categorise and identify those groups and individuals that are especially problematised (Villadsen and Wahlberg 2015). The data can be used to show an increase of disease prevalence, and increase of risk, or to identify individuals at 'high risk':

[3: 11] Young people (aged between 16 and 24) represent only 12% of the population but account for nearly half of all people with STIs.

[1: 67] Sexually active under-16s are at particular risk of pregnancy and contracting sexually transmitted infection. They have high levels of regret and are the group least likely to use contraception.

Hence, as a visualisation technique, statistical surveillance has the potential to become a means of governing a population when it is aligned to a biopolitical objective (Dean 2010). In the English material, the biopolitical objective is constructed around the notion of the

(calculated and predicted) *burden* and the costs of poor youth sexual health on both the individual and society (see, Bacchi's Q2).

Hence, rather than focusing on the threats to the life of organisms (in the sense of actual disease and death count), surveillance data is used to calculate and visualise a series of related risks, beyond the medical knowledges that produced that data. These include individual (health), social (exclusion, poverty) and economic risks (public spending and fiscal insolvency):

[5: 11] Both teenage pregnancy and poor sexual health come at a significant cost both to the individual and to society as a whole.

[7: 17] The case for investment in teenage pregnancy prevention is strong – from both a social and economic point of view.

The English texts clearly identify costs for individual mothers and their children in relation to 'teenage pregnancy'. Conceptually, costs go well beyond simple notions of economic loss, and describe the interrelated risks associated with young people's loss of opportunities (due to pregnancy) to secure a certain socio-economic status in the future:

[1: 74] Choices for young people who become parents as teenagers are often limited in terms of continuing education, developing social networks and getting a job.

[7: 16] [I]nvesting in actions to reduce teenage pregnancy and improve outcomes for teenage parents and their children enables young people to achieve their potential – increasing social capacity and producing savings in the longer-term. [...] Preventing teenage pregnancy will also have benefits to individual young women themselves and therefore the wider economy, through enabling them to spend more time in education gaining qualifications and subsequently enhancing their job prospects and earning capacity.

Also, it is claimed that risk is carried onto the next generation, constructing temporalities of the problem not only in the present, but travelling into the future as well:

[5: 11] Children of teenage mothers have a 63% increased risk of being born into poverty, have lower academic attainment and are more likely to be unemployed aged 30 than children of non teenage mothers.

[7: 16] The evidence shows that children born to teenage mothers are more likely to experience a range of negative outcomes in later life and are more likely, in time, to become teenage parents themselves – perpetuating the disadvantage that young parenthood brings from one generation to the next.

As such, if we consider Bacchi's second question, a 'problem representation' is being constructed in the texts by linking individual bodies to multiple social and economic processes and temporalities, emphasising the effects and repercussions of the problem on society as a whole.

### **5.2.2 Problem Representations of Costs and Burdens**

This 'optical frame' (Villadsen and Wahlberg 2015: 7) provides strong links between the goals of social, public and economic policy and the bodies of young women:

[7: 16] Teenage pregnancy is a cause of health inequalities and child poverty.

[2: 8] Teenage mothers will also be more likely than older mothers to require expensive support from a range of local services, for example to help them access supported housing and/or re-engage in education, employment and training.

[7: 16] We expect [preventing teenage pregnancies] to have yielded a wide range of benefits, including reduced NHS costs associated with delivering fewer teenage births and providing fewer teenage abortions, as well as reduced social security payments to teenage mothers, such as income support and child benefit. [...] for every £1 of direct investment in the strategy there could be £4 of public finance savings.

The kind of 'problem representation' we are seeing here (following Bacchi's Q1) is impossible without the use of population statistics and practices of calculation. Statistics break down 'life' into a series of measurable, compilable and comparable sets of data, that can eventually be aggregated to look back at the individual from a new, 'massified' perspective (Foucault 2007):

[2: 10] Girls having sex under-16 are three times more likely to become pregnant than those who first have sex over 16. Around 60% of boys and 47% of girls leaving school at 16 with no qualifications had sex before 16, compared with around 20% for both males and leaving school at 17 or over with qualifications.

[2: 12, emphasis in original] Where young people experience multiple risk factors, their likelihood of teenage parenthood increases significantly. Figure 1 below shows that young women experiencing five risk factors (daughter of a teenage mother; father's social class IV & V; conduct disorder; social housing at 10 and poor reading ability at 10) have a **31%** probability of becoming a mother under 20, compared with a 1% probability for someone experiencing none of these risk factors.

For Foucault (2007: 275), statistics are an essential part of the 'politics of truth' of the state. Individuals must be calculated, not as a single process of life, but as the aggregated-mass process of the living aspect of the state (i.e., the population) (Foucault 2007). This allows the state

to calculate *itself*, its wealth, its circulations and threats, as well as the economic cost of these:

[2: 8] The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year. Teenage mothers will also be more likely than older mothers to require expensive support from a range of local services, for example to help them access supported housing and/or reengage in education, employment and training.

[9: 38] For every £1 spent on contraception, £11 is saved in other healthcare costs.

It is, therefore, necessary to consider practices of surveillance and calculation as integral to the 'problem representation' of political 'truth' production. When considering how this specific 'problem representation' has emerged (see, Bacchi's Q3), it is necessary to trace these practices alongside the techniques and rationalities (Bacchi's Q2) that produce certain bodies and events as burdens by interconnecting individual bodies to calculable (socio-economic) costs.

Techniques of surveillance constitute a specific 'optical frame' (see Villadsen and Wahlberg 2015: 7) that can be described as the 'panopticons of surveillance' produced by 'technological strategies for monitoring corporeal and dividuated (data-defined) populations, coupled with the imperatives of accountability and security' (Nadesan 2008: 215). According to Foucault (2007: 276), these technical strategies are key for governing the living, not by law or decree, but through an 'active, concerted and reflected [state] practice' (i.e., biopolitics).

In the English texts, rationalities of government also emerge as a critique of old or ineffective ways of governing alongside demands for a 'new' approach that can address the new conditions that have become known (and, thus, problematic) through expert knowledges and practices of surveillance and calculation:

[6: 23-24] The current approach and system is not up to the task of seizing these huge opportunities for better health and reduced inequalities in health. [...] A new approach is needed, which gets to the root causes of people's circumstances and behaviour, and integrates mental and physical health. The latest insights from behavioural science need to be harnessed to help enable and guide people's everyday decisions, particularly at the key transition points in their lives, such as when they start or leave school, start a family or retire.

One of the consequences of the technical strategy of surveillance and the imperatives of security and accountability described by Nadesan (2008, see previous page), is that, from a biopolitical perspective, the impact of poor health becomes increasingly important (see also, Wahlberg and Rose 2015). Wahlberg and Rose (2015) describe this as a shift in the governmental concern for surveilling morbid living, rather than morbid death. They argue that once it has become possible to aggregate data at the level of the population, it is also possible to calculate the burden of a particular disease for society, rather than simply recording the number of deaths (Wahlberg and Rose 2015).

Following Foucault (2003), Wahlberg and Rose (2015) locate this shift in the biopolitical problem-space of modern public health, within the emergence of a new style of epidemiological thinking during the course of the twentieth century. Wahlberg and Rose (2015:76) write:



[t]he problem is no longer merely one of finitude, of the extinction of life by death: the problem space now concerns the loss of the mode of life proper to vitality consequent on the impact of disease on the individual and collective. Accordingly, to assess the health of a population it is not sufficient to count the dead and record what they died from: we must study the “costs” of disease for “the living” – for each and for all – and how they individually and collectively suffer from, and cope with, the diseases with which they live.

Nadesan (2008: 103) argues that, in the twentieth century, a new model of ‘social-surveillance’ was developed to map ‘the minutiae of social life’. Starting with transmittable infectious diseases, governments began to turn their attention towards what happens beyond the physical body, into the social body and the social space (Nadesan 2008).

Hence, statistical surveillance and calculation are central to the novel problem-space of biopolitics because it requires an expansion into the social body of the population as a whole:

[8: 5] Indicators have been included that cover the full spectrum of what we understand public health to be, and what we can realistically measure at the moment. We do intend to improve this range of information over the coming year and we have set out in this document how we intend to do that [...].

[9: 45] It is essential that local areas use the surveillance data available to them in order to keep up to date with emerging challenges in sexual health and respond accordingly. High-quality information is key for the measurement of sexual health morbidity, to identify and target high-risk groups, for service planning, and to monitor and evaluate initiatives designed to improve sexual health. [...] Local areas can also collect their own data, tailored to their own needs and priorities.

Surveillance and calculation are instruments of governing that map the experience and conditions (and calculate the costs of the burden) of

poor health. Furthermore, surveillance and calculation become, in turn, a governmental goal in themselves or, as Miller and Rose describe it, a 'technology of government' (1990: 8).

### **5.3 Diagnosing the problem – Normalisation and Difference**

Using Bacchi's second, third and fourth questions, I now examine the diagnosis of the problem, formulated by moral and normative discursive choices.

According to Nadesan (2008: 212), '[b]iopolitical formulations are often organized around normative ideals, against which deviance is measured and targeted for intervention'. Similar to the normalisation I identified in the Swedish texts (see Chapter Four), the English policy documents I have analysed draw on historical narratives of young people as being in a precarious state of change and 'transition' which must be guarded in order to avoid 'danger' (see, Lehr 2008):

[1: 66] Taking risks, experimenting and pushing boundaries is an important part of growing up. Young people need opportunities to learn about their world in ways that provide challenge and excitement through positive things to do and opportunities to play – as alternatives to experimenting with underage sex, smoking, alcohol and drugs.

[6: 19] Teenagers and young people are among the biggest lifestyle risk-takers.

However, as seen in Chapter Three, historical narratives can be re-deployed through the technologies and practices of risk, which extend the danger and need for surveillance to the whole population (Kelly

2011). The population as 'mass' is managed through the 'segment[ation of] young people into groups, reflecting either common behaviours, attitudes or both in relation to sexual behaviour and teenage pregnancy' (5: 14):

[5: 14, emphasis in original] There are some well-documented risk factors associated with both STI infection and teenage pregnancy: The most obvious and direct risk factors are **risky sexual behaviours** such as early onset sex (sex under the age of consent), poor or no contraceptive use, having multiple partners and prior chlamydial infection or conception.

The target of regulation (the mechanisms of security) is the mass; generalising rather than individualising (Foucault 2007). Risk is calculated at the level of the mass and thus functions as a technology of security rather than discipline. However, both the mechanisms of discipline and security can operate at the general phenomenon *and* on individual bodies, as they are connected through norms (Foucault 2003, 2007).

According to Foucault (2003: 253), discipline and regulation together have 'succeeded in covering the whole surface that lies between the organic and the biological, between body and population', leaving nothing outside the reach of power. Normative ideals and expert knowledges connect discipline and modern regulatory practices, as they discursively define the categories and classifications which will make it possible for civil servants, health workers, professionals and educators to distinguish, within the population, which 'young people [are] on the path to success' (see document 4: 6, see also 7: 32), and

which bodies need to be motivated, trained or disciplined (Foucault 2003).

In other words, norms are the key to link individual bodies which can become known in relation to the aggregated population through normative classifications, grouping, labels and distinctions. The massification of bodies reveals averages and rates which can be translated into norms, as populations are segmented and classified (Villadsen and Wahlberg 2015):

[5: 15] There are strong similarities between these segments and some of those identified in other studies – e.g. research exploring young people's attitudes to sex and relationships by Define Research identified a group of 'Danger Seekers' who share similar attitudes and behaviours to 'Breaking the Rules' and Teenage Pregnancy research carried out by Rosenblatt identified two qualitative segments - 'Popular Hangers' and 'Shaggers', which probably overlap with 'Weakening Links' and 'Breaking the Rules' respectively.

Risk factors are compiled and compared in accordance with the historically and culturally specific notions of sexual development that represent the socially accepted truths at any given time and place. In other words, the 'mechanisms of security' (Foucault 2007) re-deploy old 'truths' through novel techniques that monitor, surveil and classify bodies according to risk, in order to 'fit' in the present. Hence, the population of youth as 'a global mass' (Foucault 2003) is *always* 'at-risk' of 'risky' sexual behaviour.

In this way, risk factor compilation and analysis carries a normalising function. As risk identifies the 'problem' subjects whose sexual, social

and behavioural *difference* is to be pathologised, and placed at the centre of the problem of governing populations:

[2: 22] It is clear that teenage pregnancy is strongly associated with low educational attainment.

[7: 32] While the actions of the Teenage Pregnancy Strategy need to reach all children and young people, local delivery needs to ensure that young people most at risk receive early and effective support. These include young people with low educational attainment, dislike of school and poor attendance, in contact with the police, poor emotional and mental health, and those living in and leaving care.

The English texts I have analysed highlight a concern for those 'most at risk' by associating multiple risk factors in order to rank the level of risk, including, for example, 'misuse of alcohol and/or illicit drugs' and low 'parental engagement' (5: 14).

### **5.3.1 Modes of Normalisation**

It is important to note here, following Bacchi's fourth and fifth questions, that there are two distinct modalities of normalisation in the English texts, which emerge as a discursive boundary between those who are 'vulnerable victims' and 'most at-risk', and those who are risky by virtue of their condition as 'experimenting' teens:

[5: 15] Based on the data presented here, our hypothesis is that we can identify two key groups who are risk: Those children and young people, who may be from more deprived backgrounds, exhibiting multiple risk factors such as poor relationships at home, lack of engagement in education and alcohol or illicit drug misuse. Such young people are likely to fall into a pattern of multiple risky behaviours at a relatively young age and present with multiple vulnerabilities.

The other key group is very different and comprises an older, more confident and better educated group of young people who are probably choosing to experiment with risky behaviours as a way of demonstrating their independence.

Both groups are at risk because of their 'behaviours, attitudes or both in relation to sexual behaviour and teenage pregnancy' (5: 14). However, only those individuals who are otherwise on 'the path to success', find their actions explained by their subjectivity; positioned as agents of their own life; and have their actions (experimentation) placed within the boundaries of naturalised sexual development (see Chapter Three).

This points to an important distinction, because it determines which individuals can be regulated at the general level (through e.g., education, outreach information, screening, testing and reproductive health services), and who must be disciplined at the individual level (through e.g., 'early interventions' including home-visiting programs for at-risk, young mothers, see, 7: 36).

For the 'experimental' group, a display of risky behaviour does not hinder 'success' in the future. As seen in Chapter Three, cultural (family, social group, society) processes of normalisation are expected to secure a successful transition into heterosexual monogamous adulthood as young people mature and take full responsibility for their lives. Regulatory modes of normalisation support this general process and must therefore reach all young people:

[6: 35] As young people move through their teenage years and make the transition into adulthood, our aim is to strengthen their ability to take control of their lives, within clear boundaries, and help reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol.

[9: 13] [D]evelop positive values and a strong moral framework that will guide their decisions, judgement and behaviour. It ensures that pupils are taught about the benefits of loving, healthy relationships and delaying sex, and also provides that pupils are aware of how to access confidential sexual health advice and support.

[7: 18] First, we need to ensure that the information, advice and support that young people receive from parents, schools, other professionals and the internet and helplines, support young people to delay sexual activity, while also making sure that they are well-informed and motivated to use effective contraception whenever they engage in sexual activity. Secondly, we need to ensure that when they need it, there is sufficient access to sexual health and contraception services that meet the needs of young people.

The regulation-discipline connection is revealed as a *filter* as it distinguishes and separates, at the individual level, those bodies that become targets of disciplinary modes of normalisation:

[7: 32, emphasis in original] TYS [targeted youth support] arrangements need to include specific actions [...] It is therefore important that all professionals providing support for vulnerable young people [are] able to proactively provide advice and help young people to access specialist services on matters directly to do with sexual health **and** [identify] risk factors and providing wider support with personal skills and in building ambitions to stay on a path to success.

The English texts contain a specific modality of normalisation that comes into play through the powerful appeal of 'the path to success'. It is what defines which young people are positioned as 'vulnerable', 'deprived' or 'most at-risk' (see e.g., documents 2, 5 and 7). Indeed, narratives of difference and historic discourses of teen motherhood as socially unacceptable and deviant (see, Duncan 2010; Arai 2009) are embedded in the modality of normalisation I have identified in the

English texts. For example, in the proposal to offer 'support plans' for teen parents, the Government feels compelled to reaffirm that they are 'in no sense about encouraging early parenthood' (7: 35, see also, 2:4).

The mechanisms of normalisation I have identified in my analysis operate through the interaction of 'problem representations' of 'sexuality' and 'social exclusion', producing complex codes of normalisation which problematise subjectivities according to ideals of success that are internal to economic governing and administration. However, governmental objectives emerge as the result of competing, conflicting and disparate ambitions and rationalities (i.e. improving the health of the populations, expanding and securing market operations, and fostering the wealth and security of the state) (Collier 2011; Dean 2007). Institutional practices cannot be reduced to any one single programmatic ambition, or totalising conceptual logic (Dean 2007). In order to explore in more detail the mode of normalisation I have discussed in this chapter, it is necessary to analyse how these mechanisms of normalisation relate to the *means* of governing youth sexual health.



## **5.4 Means as Techniques of Political Intervention**

I now turn my attention to what the English documents under examination propose to do to *so/ve* the problem (Bacchi's Q1). Following Bacchi, (Q2 and Q3), normalisation plays a key role in policy documents, sustained by the ongoing accumulation of bodies of knowledge and (ever growing) new practices of surveillance (Dean 2010; Miller 2001). However, normalisation must be accompanied by specific means of political intervention if a government is going to be able to govern its population (Villadsen and Wahlberg 2015).

### **5.4.1 Protecting Health and Promoting Freedom**

Rationalisation as detailed by Foucault (1997b) is a process that makes certain means of governing intelligible and, in turn, opens up viable routes for political action (see, Bacchi's Q4). In the English texts, the rationalisation of 'the problem' of sexual health produces the 'predicament of prevention' (Sulkunen 2009: 141). As discussed in the previous chapter, Foucault (2007, 2008) identified a 'tension' in his analysis of liberal rationalities, where state ruling must be balanced against individual freedom.

The English documents I have analysed contain reflections, similar to those I identified in the Swedish texts (see, Chapter Four), about the

reach of the mandate to 'prevent and promote health' while limited by the need to respect individual autonomy:

[9: 7] The past few decades have seen significant changes in relationships, and how people live their lives. People should have the freedom to make their own decisions about the types of relationships they want.

[9: 7] While sexual relationships are essentially private matters, good sexual health is important to individuals and to society. It is therefore important to have the right support and services to promote good sexual health.

These are abstract reflections that emerge within the texts and set a conceptual frame for what the government *can* dictate, while simultaneously promoting individual autonomy (cf. Sulkunen 2009). The solution proposed by the government in the English texts is contained in the claim that, although the government should not dictate how people live their lives, the imperative to promote 'good choices' is clearly within the mandate to prevent ill-health:

[1: 5] [People] were clear that many choices they made – such as what to eat or drink, whether to smoke, whether to have sex and what contraception to use – were very personal issues. People do not want Government, or anyone else, to make these decisions for them.

[9: 22] Sexual health promotion and prevention work aims to help people to make informed and responsible choices, with an emphasis on making healthy decisions.

Hence, the key is to formulate techniques of political action in non-intrusive ways. The 'truth' politics implied by such a mandate is less concerned with defining the 'common good' to which all must abide, and more concerned with establishing abstract relationships that can incite responsibility and obligation (Sulkunen 2009; Bjornberg 2012):

[8: 49] The responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals.

[6: 12] At a population level, it is not better treatment, but prevention – both primary and secondary, including tackling the wider social factors that influence health – which is likely to deliver greater overall increases in healthy life expectancy. In order to meet this challenge, we need to think in more integrated and innovative ways about how we can empower people and communities to make healthier choices in their lives. We need to focus efforts across society on these big opportunities. This is potentially one of the great challenges of our generation – how we can create a public health service, not just a national sickness service.

In governmentality literature (see e.g., Villadsen and Wahlberg 2015; Dillon and Lobo-Guerrero 2008), the 'predicament of prevention' (Sulkunen 2009: 141) is having the knowledge (and surveillance capabilities) to determine what is best, or optimal, but managing risks (costs and burdens) without forbidding (legal mechanisms) or preventing (mechanisms of discipline) the events that cause the ills of the population. Such a mandate requires, as discussed in Chapter Four, governing 'at a distance' (Rose 1990, 1996; Rose and Miller 1992) and 'through freedom' (Foucault 2007, 2008).

The English documents I have analysed share the problem-space which is set by the framework of governing 'through freedom'. More specifically, in the English texts, that framework translates into a combination of 'risk management' and the promotion of 'individual autonomy' (Sørensen and Triantafyllou 2009; Petersen and Bunton 2002) which is made to work by achieving 'a certain degree of consistency' within and across different government institutions and

practices (Burchell 1996: 28). The strategy of risk management is built around narratives of economic costs, and the burden of those costs to society:

[9: 38] Evidence demonstrates that spending on sexual health interventions and services is cost effective.

[10: 25] Investment in contraception is cost effective in reducing pregnancies and abortions.

[10: 42] The strategy should address value for money assessments, analysis of the benefits of “investment to save” approaches, payment mechanisms, tendering, pooling of resources, quality improvement and productivity gains.

On the one hand, the problem-space of risk management in the English texts is articulated as the administration of ‘economic government’ in the sense of producing cost-effective government that can deliver optimal results (see Gordon 1991; Burchell 1996). On the other hand, the ‘liberal’ form of government aspires to promote individual autonomy and maintain individual freedom. Hence, ‘liberal economic governing’ emerges as a viable route for the problem-space of ‘risk management’ that promotes liberal freedom.

However, each institutional practice must re-deploy and re-assemble its procedures and means of intervention in order to make such a problem-space intelligible (Burchell 1996; Dean 2010). Furthermore, in every re-deployment, competing governmental concerns (such as risk prevention and individual autonomy) must be made to ‘correlate’ through tactics of assemblage and alignment (see, system of

correlation in Foucault 2007: 8). Here, a grid of core common values (e.g., health, freedom, security, protection, etc.) are picked up and re-aligned into each specific structure and institutional practice to serve as justification for political action, institutional change and reform (Sulkunen 2009):

[1: 6] Government cannot simply leave it up to individuals, we must work with others to provide collective support to help create an environment which promotes health. These form the basis of achieving a balance between the healthy outcomes we all want to see and the equally valued freedom to determine our own way of life that is so important in a democratic society.

[6: 23] When central government needs to act, the approach will reflect the core values of freedom, fairness and responsibility

[8: 6] The Government is creating a new, integrated and professional public health system designed to be more effective and to give clear accountability for the improvement and protection of the public's health. The new system will embody localism, with new responsibilities and resources for local government, within a broad policy framework set by the Government, to improve the health and wellbeing of their populations. It will also give central government the key responsibility of protecting the health of the population, reflecting the core accountability of government to safeguard its people against all manner of threats.

There is a specific kind of relationship that is established between the 'self' and 'government' when the state is successful in governing 'at a distance' (Rose 1990; Rose and Miller 1992). The grid of common values obscures the incongruences of competing rationalities while also creating a relationship to government that does not rely on coercion or violence, but, at the same time, puts 'free will' out of reach. As the earlier extract explains: 'Government cannot simply leave it up to individuals' (1: 6), particularly in the case of young people, where 'protection' (understood as a tactic of discipline) puts *all* freedom and autonomy into question (Dean 2007):

[6: 28] We will treat capable, responsible and informed adults as adults. We will treat children differently as they rely more on adults to help make decisions or to make decisions for them when they are very young.

[1: 9] People's lifestyle decisions are personal ones and they do not want Government to take responsibility away from them. [However] Society has a duty to take additional steps to protect children and young people's health.

[3.1, my emphasis] The evidence is clear that giving young people knowledge about sex and relationships, and helping them develop the skills to manage relationships effectively, **is protective**.

The relationship that is established between the 'self' and government is framed by what the government claims is 'reality' (Sørensen and Triantafillou 2009). Policy 'truths' are not 'true' in the sense that they 'mirror' reality (see Bacchi 2012), but they are 'true' in the sense that they influence the context of social and power relations within which any attempt to establish our 'selves' will inevitably take place (Sørensen and Triantafillou 2009).

The sanctioned subject positions that emerge from a problematisation of 'liberal economic' governing depend on the specific alignment of values (e.g., health, freedom, security) and the intervention techniques that are assembled specifically for the adult-child power relations (protection), and the 'pedagogisation' of young people (Foucault 1978).

### 5.4.2 Self-governance as Prevention; Regulation as Protection

So far, I have identified how 'liberal economic government' sets the framework between the 'self' and government in such a way that the prevention of risks and the promotion of freedom are consistent and coherent governmental objectives. Turning attention back to Bacchi's first question, I now return to the issue of the actions that are represented as solutions to 'the problem'.

Burchell (1996) argues that 'liberal' government implies a form of 'contractual implications' (Donzelot 1991, in Burchell 1996: 29). This means that the limitation to state power is defined by offering subjects the freedom to take responsibility for their lives. These 'contractual implications' deal out responsibility but demand accountability in return. Institutional practices then frame the obligation implied by these contracts, in the name of our core values, or the common good (e.g., to maintain freedom, security, health, etc.). The solution, then, to prevent harm and preserve our common 'good' without forcing the subject, is through the contractual implications of free choice, in other words, responsible and accountable behaviour:

[7: 25] It is imperative that we make every effort to encourage all young people who are sexually active to use a form of contraception that suits their circumstances. For this to happen, young people need to be motivated to address their reproductive and wider sexual health needs and to consequently choose and use contraception effectively, including condoms to prevent STI transmission.

[2: 4] Our ambition is that all young people should have the skills, confidence and motivation to look after their sexual health and delay parenthood until they are in

a better position – emotionally, educationally and economically – to face its challenges.

To govern is to encourage expressions of freedom (choices, lifestyles and practices) that live up to the responsibility that freedom (contractually) implies; the use of contraception, delaying sex and parenthood, looking after your health and, eventually, engaging in stable, healthy sex. The government must enable freedom by offering guidance, or 'help':

[9: 23] High-quality, accurate information can play a crucial part in helping people to understand how to improve their sexual health. However, information alone does not prompt people to change their attitudes and behaviour around condoms and contraception. There is evidence to show that preventative interventions that focus on behaviour change and are based on behaviour-change theory have been effective in promoting sexual health. [...] helping people to work through their own motivations and helping them to question and change their behaviour can form a key part of preventative interventions.

Government is the comprehensive institutional network where responsibility is being 'offered': through public schooling, education boards, and a network of health services and staff, charities and professionals. Less visible, is the network of 'exceptional' social and health agencies that are activated for those who fail to live up to the expectations of responsibility (cf. Dean 2007).

Indeed, governing through responsibilisation carries a specific mandate to judge whether the 'voluntary' approach has failed (see extract below) and the subject is resisting or not actively participating in their



risk management and, therefore, whether it is necessary to introduce disciplinary measures (Dean 2007; O'Malley 1996):

[6: 23] We will balance the freedoms of individuals and organisations with the need to avoid harm to others, and we will use a 'ladder' of interventions to determine the least intrusive approach possible, aiming to make voluntary approaches work before resorting to regulation.

Such 'regulation' may, for instance, translate into what is described as 'early interventions':

[7: 32, emphasis in original] [Early intervention] is **both** about being able to proactively provide advice and help young people to access specialist services on matters directly to do with sexual health **and** about identifying risk factors and providing wider support with personal skills and in building ambitions to stay on a path to success.

Hence, what the Government calls 'resorting to regulation' is, in fact, a disciplinary mode of normalisation. As discussed earlier, discipline and regulation are not two opposite means of intervention, but rather, different modes along a continuum in the deployment of biopower, produced by different institutional practices and settings (cf. Sørensen and Triantafillou 2009).

The problem-space of liberal government is not synonymous of any one mode of normalisation. Governing can range from the provision of health services, advice and resources (e.g., online tools), to the rigorous monitoring and controls of programmes that target unsanctioned conduct (or forms of freedom). Hence, some institutional contexts will construct the subjects as the 'rational consumer' of goods and sexual health services (see documents 8, 9 and 10):

[10: 18] The first service user journey describes a young woman's use of open access sexual health services. It illustrates the need to provide information, advice and care that support her positive sexual health. To avoid unwanted pregnancy and treat an STI, she uses services commissioned by two local authorities and NHS England. Her story underlines the importance of open access and confidential, young person-friendly services.

While other departments highlight the 'management' of individual conduct, imposing conditions, surveillance and terms on individual bodies:

[7: 36] FNP is an intensive, nurse-led preventive home visiting programme for vulnerable first time mothers, mostly under 20, starting in early pregnancy and continuing until the children are two years old.

These two extracts are two examples of what is implied in governing through 'contractual freedom', exposing the deployment of biopower through two different institutional formats and normalising modes. As Foucault (2007) explains, both modes of normalisation may well be deployed onto the same body, simultaneously. But they appear radically different as their re-deployment will depend on the institutional contexts, techniques and practices. As a technology of power, the means of preventing risk and promoting freedom are therefore determined by the specific institutional conditions where normalisation (both regulation and discipline) must be picked up and re-assembled to become institutionalised (Sørensen and Triantafillou 2009).

Freedom, then, for young people, can only emerge as a result of a process where new forms of socially acceptable sexual subjectivity are

institutionalised. That is the case of the 'user' of sexual health services and products, produced by the consumer culture as youth sexuality enters the market in the form of monetised goods and services. In other words, freedom is necessarily linked to the construction of the rational 'consumer', capable of engaging with the opportunities produced by the institutionalisation and commodification of risk and sexual subjectivities (Loon 2008). However, those that breach the 'contractual implications' of freedom and deviate from 'the path to success' will not be able to occupy these subject positions. Instead, a complex network of government agencies (including the social care and justice systems) is activated through the mechanisms of discipline, to govern their 'self' on their behalf.

According to Foucault (2007), freedom is a possibility constrained and enabled within each institutional practice/context. This means that these are contested practices, and different institutions may offer competing imageries of who can self-govern (i.e., determining who is a free subject). Indeed, the great disparity in both language use and intervention options emerging from the English texts I have analysed suggest that there is a tension in the re-deployment of the imagery of youth self-governance, and in the jurisdiction of youth subjectivity in relation to sex and reproduction. Youth self-governance is not self-evident, as seen in the extracts that represent children as the perpetual 'exception' (see page 189). The status of youth implies the potential of

being rendered as 'exception' (perpetually under the protectorate of adults), or as self-governing (free) subjects. As seen in Chapter Three, the re-assemblage of youth as self-governing and responsible for their own sexual subjectivity is a political and controversial issue.

The positioning of youth as 'users' and 'consumers' of sexual health 'goods and services' implies a self-governing subject and, as such, is not reflected across all the English documents I have analysed. Indeed, many of the documents I have analysed reveal that the construction of youth as rational consumers of sexual health products and services as contested, resisted and compromised. Differences across the different policy documents I have analysed reveal the tensions behind the reproduction of the imagery of the sexuality precarious youth. But ultimately, for young people in particular, freedom becomes accessible only as a reflection of institutionally pre-sanctioned subject positions that must be successfully performed as 'techniques of the self' (Burchell 1996).

As seen in this chapter, the pre-sanctioned subject position available is being on 'the path to success'; a complex network of factors including parental engagement, educational attainment, like or dislike of school, consumption of alcohol and drugs, etc. Those whose conditions or circumstances make the pre-sanctioned subject positions difficult to achieve (e.g., sexually active teens who are failing in school), will find

their positions as self-governing 'users' and 'consumers' questioned, and their freedom to experiment with lifestyles and market choices removed. Instead, they will be rendered as 'exceptions' and their governing, no longer capable of emerging as 'techniques of the self', will be placed under the jurisdiction of adult 'protection'. For youth, then, institutional practices determine risks and justify interventions according to age. However, the consequences of how risks are managed mean that the question of who gets to construct sexual citizenship and agency is not age-dependent, but rather depends on the ability (or inability) to achieve the (free) subject positions that are made available to them in the re-deployment of biopower.

## **5.5 Chapter Summary**

This chapter analyses the way in which youth sexual health is problematised in the English policy documents that I have selected for analysis. As seen in this chapter, the way in which the 'problem' of youth sexual health is represented and problematised in the English texts resembles the strategic deployment of security also seen in the Swedish documents in Chapter Four. By this I am referring to the specific tactics, knowledges and discourses deployed in the process of 'seeing, diagnosing and addressing' the problem of youth sexual health. Again, the problematic of government emerges through mechanisms internal to the 'apparatus of security'; a concern where

the population appears as both the end and instrument of government, see, Foucault 2007: 105). The 'problem' in the English texts is therefore best understood as the biopolitics of managing risk through practices that promote a 'contractual' freedom.

## Chapter 6

### Comparing Problematisations

In this chapter, I undertake a comparative analysis of how youth sexual health is addressed in the policy documents under review. I apply the framework and method of analysis described in Chapter Two in order to identify, analyse and compare the key similarities and differences between the Swedish and English texts I have analysed.

#### 6.1 Outline of the Chapter

The first part of this chapter explores the similarities in how 'the problem' is constituted as a governable problem-space (Foucault 1984; Rose and Miller 1992) and the operation of the *dispositifs* (mechanisms, or apparatuses, of power), in the texts under review (Foucault 2007). Foucault describes his analysis as the 'beginning of something like a theory of power' (2007: 2), and includes three forms of power: sovereign, disciplinary and security (biopolitics), each representing distinct state practices. The three forms of power are strategised through three distinct, but interconnected *dispositifs* of power: the law, discipline and regulation (Foucault 2007). These are mechanisms that are deployed when addressing 'the problem of government' (Rose & Miller 1992), producing their own sets of tactics and technologies (Foucault 2007; see also, Villadsen 2015).

In order to explore in more detail how different forms of power emerge in the texts from each national setting, the first part of my comparative analysis examines the common themes and similarities across the two sets of policy documents that I have analysed (see, Chapters Four and Five).

In the second part of the chapter I analyse the differences, focusing on the effects of power. This second comparison adds further insight into the contextual specificity of constellations of power, highlighting the ways in which the subject and processes of normalisation are addressed in the texts from each national setting (see, Villadsen 2015).

As before, extracts from the texts are referenced by providing the number and page of the document. Since texts from both countries are included in this chapter the name of the country is also specified. Hence, for document 6, page 47 from the English material, for example, the reference will be [England 6: 47].

## **6.2 Common Themes in the English and Swedish Materials**

In Chapters Four and Five I identified the use of techniques of security in both the Swedish and the English texts. For instance, techniques of surveillance and calculation emerged as central to governing by making the problem visible and 'true'. I also found similar processes of



normalisation used as tactics for diagnosing 'the problem', as well as similar intervention strategies for solving 'the problem' (see, governing 'through freedom', Foucault 2007). Below I list the key common themes across the texts from the two countries before analysing them in more detail.

First, governmental reflection of 'governing through freedom' rather than coercion (Brockling et al. 2011; Lemke 2002; Dean 2010) is what makes the 'problem of prevention' in youth sexual health become intelligible; that is, it becomes a 'problem' that is articulated through the question of how to govern and achieve governmental objectives without force:

[England 6: 2] The dilemma for government is this: it is simply not possible to promote healthier lifestyles through Whitehall diktat and nannying about the way people should live.

[Sweden 3: 10] It is the motivation from within, rather than external guidance that is the focus.

Lemke (2002) argues that Foucault's concept of governmentality highlights the way in which the liberal conception of freedom serves as neoliberal means for the realisation of governmental objectives. This aspect of liberal governing also relates to another common theme in the texts from both countries; freedom becomes intelligible through outcome-oriented notions of empowerment, enabling, and motivating. Empowerment, choice and motivation are functions of power, conceptualised as technical means for governing through freedom:

[England 6: 2] We need a new approach that empowers individuals to make healthy choices and gives communities the tools to address their own, particular needs.

[Sweden 9: 9] We are all equal and have the same right to shape our lives and make our own life choices. Health and well-being do not mean the same thing for everyone.

The texts from both countries share a strategy of prevention which translates into varying versions of 'empowerment', 'motivation', 'training' and 'education'. Prevention is geared towards influencing, not dictating, individuals to make healthy, safe and responsible choices:

[English 7: 25] It is imperative that we make every effort to encourage all young people who are sexually active to use a form of contraception that suits their circumstances.

[Sweden 5: 61] Sexual health promotion and prevention can only take place through dialogue. Ultimately it is young people themselves who will decide how they want to live out their sexuality. Professionals can have an impact [through motivational conversation].

A direct consequence of the empowerment theme, which appears as a common feature in the texts from both countries, is the individualisation of risk and responsibility. As a governmental tactic, risk represents the deployment of a rationality where responsibility is removed from state institutions to be devolved 'downward' (O'Malley 2004). In this way, individuals, families, schools and communities are 'offered' the management of risk through 'choice' (O'Malley 2004; Rose et al. 2006).

Further, economic norms of rationality and efficiency are evident in the kind of expertise that is used to assess 'value' in the texts under review:

[Sweden 8: 120] Investments in SRHR [sexual and reproductive health and rights] gives good value for money and makes savings in cost in the long term.

[England 10: 42] The strategy should address value for money assessments, analysis of the benefits of "investment to save" approaches, payment mechanisms, tendering, pooling of resources, quality improvement and productivity gains.

By inserting these norms of economic governance in spheres beyond the market, such as education and health, prevention strategies involve a process that is 'at once economic and moral' (Besley 2010:534). This tactic translates in both the Swedish and English texts into a preoccupation with new forms of partnerships, administrative and commissioning solutions involving charities, social enterprises and private sector providers:

[England 10:46] **Market stimulation**

Consider holding stakeholder events for potential providers from all sectors to test market capacity [...] Such events can encourage a diversity of potential providers, for example where voluntary sector providers might appropriately bid to provide an element of the service.

[Sweden 9: 21-22] These initiatives have in common that the state, the market and civil society, formulate an agreement [...] that comprises joint compromises in the field of health promotion, much like what is being done in, among other places, England.

In Chapter One I questioned the narrative of Swedish sexual 'openness' being used to promote the idea of Swedish policy as a model of 'best practices' in sexual health. In fact, considering how there are no

examples in the English texts which suggest the actual 'importation' of Swedish 'sexual openness', it appears to be England who is 'exporting' a biopolitical model of how to administer 'the living' through the successful management of risk and the 'best practices' of effective market-inspired, public-private commissioning.

Finally, the documents from the two national settings illustrate a shared strategy of construction of identities. The strategy is central to the means of governing the youth population. However, it is formulated differently in each case. The Swedish texts (openly and explicitly) use the word 'identity' and state that this is necessary to challenge our sense of identity in order to change sexual behaviour:

[Sweden 5:52] Research evidence shows that it is difficult to influence [identity-related] behaviours through communication. Having an impact on behaviours that are related to our identity demands more work. [...] Changing sexual behaviours is therefore not the same as changing, for example, consumption habits. It requires other strategies.

[Sweden 10:23] Youth [Sexual Health] clinics work primarily to strengthen young people's physical and mental health, their identity and sexuality.

In the English texts, the terms used to describe issues of identity are taken from the behavioural sciences which describe identity formation as a repertoire of 'intentions', 'expectations', 'willingnesses' and 'beliefs', without explicitly naming identity:

[England 6:23] The latest insights from behavioural science need to be harnessed to help enable and guide people's everyday decisions [...]

[England 9:21] Behavioural willingness, for example if a person believes that someone who does not use contraception is attractive or gains 'status' through their behaviour, that person is at higher risk of adopting these practices.

Despite the different ways of naming and describing the shaping of subjectivity, the strategy of influencing its construction is visible in the discursive connections between shaping young people's identities and the narratives about the precarious state of transition of 'youth'. In this narrative, youth must learn about restraint and control and move towards (socially accepted) adult subject positions. The 'transition' presents itself as an opportunity to promote the desired identities (those that enact responsible, self-governing adulthood):

[Sweden 3: 85-86] Health risks related to sexual behaviour can be prevented. It is in part about fact-based sexual education, and in part about strengthening the individual's own identity, self-esteem and ability to manage relationships to other people. [...] From a public health perspective, it is particularly imperative to promote sexual health among teens, as the base for how sexuality is viewed and the conditions for future sexual life is set during this period.

[England 6:35] As young people move through their teenage years and make the transition into adulthood, our aim is to strengthen their ability to take control of their lives, within clear boundaries, and help reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol. [...] Improving self-esteem and developing positive social norms throughout the school years should be the focus of local strategies and will be supported by information about effective behavioural interventions for self-esteem.

In Chapter Five, I discussed policy 'truths' as not being 'true' in the sense that they do not 'mirror' reality (see, Bacchi 2012), but still having a 'real' impact on power relations and on our sense of 'selves' (Sørensen and Triantafillou 2009). From a Foucauldian perspective, this impact represents the connection that secures the normalising goals of authoritative discourses as bonded to the expectations and

aspirations we see and want for ourselves (Besley 2010). This is because young people (as we all do) construct their identities based on experience from within specific contexts, discourses and relations. Despite the variations in the deployment of power in the Swedish and English texts, the 'transition' narrative permeates all strategies, tactics and techniques in all the documents targeting the youth population. We are continuously exposed to the re-deployment of the 'transition' narrative and, young people in particular, must navigate (resist, conform and/or re-invent) their own and others' subjectivities in relation to those narratives.

### **6.2.1 The Similarities in Biopolitical Tactics Across Contexts**

There appears to be a similar approach to 'the problem' of youth sexual health across the two sets of policy documents that I have analysed. 'The problem' is constituted as a biopolitical problematisation of how to administer and regulate life (Rose 2007; Dillon and Lobo-Guerrero 2008). By this I mean that in my analysis of the Swedish and English policy documents I have found a problem-space that emerges as a 'problematised population', which is the *politics* of 'the human species' becoming the object of 'a general strategy of power' (Foucault 2007: 1), when seeking to secure and promote 'life' (see, Foucault 2003); in other words, a problem-space of *biopolitics*.

Biopolitics implies the rearrangement of old and new discursive and material elements that can be picked up to function as techniques, tactics and discursive formations that make the 'population' the target of politics (see, Foucault 2007). In Foucault's view, 'the population' is the governmental answer to the question 'With what must the State concern itself?' (Foucault 2007: 350). It emerges as a governmental technique in relation to the apparatus (*dispositif*) of security that is established through the strategies and practices of the state (the art of governing, see Foucault 2007: 351). 'Life' is secured when it is *known* and *regulated* by the state. The governmental objectives are to enable freedom and facilitate the circulations that sustain 'life' (see, Foucault 2007). The security apparatus itself represents a form 'composed of heterogeneous elements that have been stabilized and set to work in multiple domains' (Rabinow 2003: 55), and thus can operate in different contexts.

So, would the similarities I have identified in my comparative analysis represent the empirical referents of the deployment of the apparatuses of security? By this I mean to ask: Is my analysis revealing the contemporary rationalisations of 'good' government and their corresponding fields of intervention (i.e., fields of action produced by such rationalisations, see Foucault 2007: 350-353)? This is the question I will try to answer before moving on to the differences between the two sets of policy documents.

There is arguably a shared problematisation of security in both policy contexts; a shared governmental concern where the populations 'appears as both the end and instrument of government' (Foucault 2007: 105). In other words, the documents from both countries share the strategic deployment of rationalities and technologies of security, effectively 'governmentalising' the problem-space in similar ways (Dillon 2015).

The governmentalisation of government is a narrative that is often entangled with a whole range of policy reforms and government strategies, often involving changes to the social state or welfare reforms (Collier 2011; Brockling et al. 2011; Lemke et al. 2011). My analysis of the similarities between the texts from the two settings falls neatly into a governmentality scholarship that finds examples of governmentalised problem-spaces as empirical referents of 'neoliberal' governmentalities (Triantafillou 2012; Sorenson and Triantafillou 2009; Ball and Junemann 2012). By this I am referring to the idea that these governmentalised problem-spaces can be used to label certain practices, reforms of policies as 'neoliberal' because they imply a specific organising schema, or value system that defines them as such (Collier 2011; Rose et al. 2006).

But are these similarities enough to characterise the nature or distinctive features of how a problem-space is governed? And how



useful is it to label both the Swedish and English policy documents as empirical referents of 'neoliberal' problematisations of youth sexual health? In order to explore these question in more detail I examine the category of 'governmentality' below.

### **6.2.2 Complicating 'Governmentality' as my Meta-Category**

The potential of studying 'neoliberal' similarities across the policy documents of different nations might lie in that it challenges the narratives of progress and modernisation (Walters 2012) because it reveals policy-making as the biopolitics of security, rather than a technical and objective 'problem-solving' activity (see, Bacchi 2012).

Similarities highlight the general operations of the mechanisms of power that 'are an intrinsic part of all [...] relations and, in a circular way, are both their effect and cause (Foucault 2007: 2). But the analysis must also highlight the differences between one configuration of power and another, in order to examine in detail the 'operational logics, forces and dynamics at play in a specific configuration of power relations' (Dillon & Lobo-Guerrero 2008: 272).

For example, how is the subject addressed to make the population governable in a specific biopolitical context? As an object of power, 'the population' does not determine the heterogenous processes of subject

formation because it is located at the centre of the fields of political thought and action. As the object 'population' operates within the parameters of these fields, populations may reveal 'behavioural characteristics and correlations', but they do not detail the subject of power that emerges in specific contexts, shaped by complex networks or relations, events and things (Dillon and Lobo-Guerrero 2008: 267, see also, Villadsen 2015).

The key in Foucault's analysis is that the heterogeneous techniques, rationalities, discourses and tactics of all apparatuses of power do not develop in isolation. Foucault (2007: 8f) argues that:

[...] at a given moment, in a given society, in a given country—a technology of security, for example, will be set up taking up again and sometimes even multiplying juridical and disciplinary elements and redeploying them within its specific tactic.

Hence, every new biopolitical assemblage is contingent and arranges multiple elements (some legal or disciplinary) under the *dispositif* which characterises that assemblage (in this case, security). Rabinow (2003) explains that, although they are related, apparatuses (*dispositifs*) and assemblages are not the same. Assemblages of power, contrary to the *dispositif*, are 'comparatively effervescent, disappearing in years or decades rather than centuries' (Rabinow 2003: 56).

The *dispositif* imposes certain features, or general organising schemas that dominate an assemblage of power (Villadsen 2015). Any element

(technique, tactic, discourse, etc.) that is part of an assemblage, or constellation, of power must be integrated in coherence within its main apparatus. This is because for every problematisation process, there are limitless possibilities in the creative process of reconfiguration and recombination of the heterogeneous elements that make our 'reality' (see Koopman 2013). The key to success in the recombinational process is that the arrangement of the heterogeneous elements is aligned in ways that are coherent, at that time, in that specific context (Villadsen 2015; Koopman 2013).

### **6.3 Differences, Context and Assemblages of Power**

This section addresses the differences between the two sets of empirical material highlighting what is specific for each set in terms of how the problematisation of biopolitics (which they share) is crystallized into two distinct assemblages of power. In order to do so, I focus the analysis on how the subject and processes of normalisation are addressed in the documents, and their effects. The subject and processes of normalisation are key to the formation of power relations within a specific biopolitical context. Therefore, I have chosen to look at these specifically, in the hope that they will allow some insight into the effects of context-specific constellations of power.

### **6.3.1 The 'Subject of Rights' as a Tactic of Security in Swedish Texts**

According to Foucault (2008), the emergence of biopower implied changes in the constitution of the political subject. The question of how to constitute the subject had to be picked up by the mechanisms of power in new and creative ways. He identifies, for example, changes in the nature of law as a mechanism of Sovereignty, which transform it into an instrument that can 'set juridical limits to the exercise of power by a public authority' (Foucault 2008: 39).

One possible solution to the problem of how to produce both the Sovereign and the subject is, precisely, through a 'juridico-deductive approach', which 'consists in starting from the rights of man in order to arrive at the limitation of governmentality by way of the constitution of the sovereign' (Foucault 2008: 39). The juridico-deductive approach is the fundamental tactic that I have identified in the Swedish policy texts that I have analysed. In the Swedish material, the subject emerges as the holder of natural or original rights, defined and delimited by the law. The subject is being carefully constituted primarily as the subject of rights:

[Sweden 10: 17] Individuals, adults as well as children, are understood as rights holders. Among other things, this means that individuals need to receive knowledge about sexual and reproductive rights. It is necessary here to emphasise individuals possibilities to, taking into consideration the rights and integrity of others, freely be able to make decisions concerning their own sexuality and reproduction.

[Sweden 8: 19] Sweden's new public health [White Paper] emphasises the importance of promoting sexual and reproductive health and rights among teens and young adults.

Further, the proposed Swedish national sexual and reproductive health and rights strategy is described as follows:

[Sweden 8: 107] The [target] area sexual and reproductive health and rights (SRHR) includes every person's equal opportunity, rights, and basic conditions to a safe sex life, to be able to decide over one's own body, and to be free from coercion, violence or discrimination.

[Sweden 10: 12, italics in original] *The best possible sexual and reproductive health – on equal grounds for the whole population and in realisation of everyone's sexual and reproductive rights.*

The juridico-deductive approach can align the subject to the object of power in a coherent correlation. It does so, in this case, by locating youth sexual health under the legitimacy and legality of sovereign power:

[Sweden 5: 8] Both the UN's general declaration of human rights, adopted in 1949, and the convention of the rights of the child, adopted in 1989, consider education about sexual and reproductive health and rights as a fundamental right.

[Sweden 10: 17, italics in original] *Sexual and reproductive health and rights are human rights.* This means that the state has to realise these rights as human rights (HR) by promoting, protecting and monitoring them.

Thus, the techniques and rationalities of the law can also be used to establish a normative and sexual order, applicable to concrete situations through specific laws:

[Sweden 1: 28] An important precondition for women's reproductive health is the Swedish law that gives women the right to free abortion.

[Sweden 5: 106] The anti-discrimination law (2008:567) forbids discrimination in relation to gender, transgender identity or expression, ethnic origin, religion or

belief, disability, sexual orientation, age or other circumstance concerning the individual as a person.

The question is how to interpret the use of the techniques and logic of the law in the context of biopolitical governance. In the Swedish texts, laws and the language of rights are not functioning as the right of sovereignty. This was 'the right to take life or let live' (Foucault 2003: 241), and as a form of power its referent object is the territory, not the population. The function of the law, as a state practice internal to Sovereign power is to ensure obedience to the right of sovereignty within its territory. Contrary to this, the role of the law in the Swedish texts is to align the subject through the juridico-deductive approach by 'employing tactics rather than laws, or, of as far as possible employing laws as tactics; arranging things so that this or that end may be achieved through a certain number of means' (Foucault 2007: 99). The point that Foucault makes in this quote is that in assemblages of power, any logic or system such as the law, rights and obligations can be used instrumentally, in the pursuit of any one form of governing (e.g., authoritarian, liberal, radical, etc.). When elements carry such a tactical function they serve to achieve a system a correlation; they serve to arrange 'the disposition of things' (Foucault 2007: 99).

The purpose in the Swedish texts is not to claim the right of sovereignty, but to align the subject that knows and claims rights to the government of 'the population'. As such, the law and sovereignty are brought into play by the juridico-deductive approach, to be

combined and reconfigured with other disciplinary and regulatory elements to produce the 'subject of rights' (cf. Golder 2015). As seen in the extracts above, the 'disposition of things' in the Swedish texts establishes the 'subject of rights' within various arrangements of techniques of surveillance, intrinsic values (equality, freedom, justice) and the pursuit of biopolitical goals in sexual health. In this rationalisation process, the problem is located in the effects (a sexual and social order) of previous constellations of power, which are not coherent with the present 'subject of rights' that the texts seek to establish. This *incoherence* is made visible through heterogeneous techniques:

[Sweden 1:23] Health outcomes and self-esteem are poorer among LGBT youth than among heterosexuals of the same age.

[Sweden 1:20] A study of the presence of offensive behaviour published in 2002 by the Agency of Education reveals that discrimination due to sexual orientation was present mostly in year eight, but also in years 10 and 11 through, for example, slurs related to homosexuality and the spreading of rumours.

[Sweden 5:105] A new study reveals that social workers are often stuck in traditional ideas and values about gender. No such study exists for youth centres and clinics but we can assume that youth health professionals just like teachers have different expectations of young people depending on their gender.[...] Gender equal work is about recognising structures of power and unequal relations and trying to achieve change.

The subject emerges through tactics and discourses that are aligned to reveal the 'subject of rights' in relation to potential threats to the integrity of the individual. Harm can be caused by sexist, homophobic and racist practices and subjectivities that restrict individuals' right to an equal experience of the school environment or the health services:

[Sweden 5: 106] A person with a transgender identity experiencing their body as inconsistent with their gender identity is often met with ignorance within the health service and therefore seek care to a lesser extent.

[Sweden 5: 114] When meeting a woman from Somalia or Turkish Kurdistan, for instance, it may be difficult not to automatically focus on these [honour killings and female genital mutilation] problems. In this way staff are risking reading problems that are not there, or failing to highlight other relevant parts of a woman's life circumstances.

As the practices of an assemblage of power lose coherence, its practices become problematised (Foucault 1997b). The loss of coherence is not due to the *existence* of a 'subject of rights' as the Swedish texts claim. It has more to do with the crisis of the universalising project of modernity, and the place of sex and gender in those struggles. The 'subject of rights' is the government's response and attempt to realign the objectives of power to the desires and aspirations of 'the population', and so, regain coherence and viable and legitimate field of political power. To achieve these goals the Swedish Government connects exclusion and ill-health, not to poverty, poor housing or education, but to harmful heteronormative gender and sex norms and the discriminatory effects of 'unreflected everyday practices' (see Sweden 5:114):

[Sweden 8: 118] A heteronormative environment in schools, health service and social care leads to poor health in LGBT youth, through a 'minority pressure' that is created as the majority society invisibilises a certain group. [...] If LGBT youth have the chance of meeting others [they have the opportunities] to feel acknowledged and to be honest about who they are, which is the best way to create better health among LGBT youth.

[Sweden 5: 107] All teens shall be given equal opportunities to develop and all staff must always make visible and counteract the mechanisms that may lead to harassment, bullying and violence of different sorts.



The fact that norms, relations and practices of a heteronormative sexual and social order have become problematic, does not imply that Sweden is being transformed into a free, just, and equal place. The problematisation of such norms and practices means that they no longer are not aligned with power in that particular biopolitical context (Foucault 1997b). They are a symptom of a reconfiguration of biopower where new subjectivities will become problematic:

[Sweden 10:20] Among other things, there is a need to work on masculinity norms and hetero-norms in health promotion, in order to reduce the prevalence of poor health, abuse and violence.

And where new fields of action that sustain and secure political power can be imagined and articulated:

[Sweden 5: 105] Gender equality is a field of knowledge and not a matter of attitude. Working in a gender equal way is about recognising structures of power and unequal relations and trying to contribute to change in those conditions.

[Sweden 8: 24, *translation of the Swedish terms for gender and equality may sound repetitive as equality, gender and gender equality are different words*] Fundamental views on gender equality, equal rights and gender [mainstreaming] are particularly important and must be taken into account in decisions concerning political interventions in [...] sexual and reproductive health.

Hence, the way in which we can understand the use of the law and the rights discourse is as a tactic of biopolitical governing. The 'subject of rights', as a tactic, offers the state a relationship that bounds the individual to power. Rights serve as instruments for political engagement, as viable tools for individuals to protect their interests (Golder 2015). However, according to Foucault (2003), the subject is

the effect of power. Hence, individuals are encouraged to claim their rights because the deployment of rights produces the subject in recognition of the legitimate authority of the Sovereign (Golder 2015).

Furthermore, the rights discourse is connected to a logic of empowerment:

[Sweden 8: 68f] The [online] youth clinic is intended to provide young people with the knowledge and conditions for reflection in order for them to influence their situation at home, in relationships, at school or at work. Through knowledge of their rights and obligations they will have greater chances of deciding for themselves how they want to live.

The 'subject of rights' is an *active* self, who must be knowledgeable and willing to participate in the reconfiguration of power into a coherent assemblage. The 'clinic' in the quote above is described as being set up to challenge and problematise norms with a particular emphasis on diversity and gender equality (Sweden 8:69). The 'subject of rights' can thus be activated through inclusion and participation in identity politics (see, Butler and Scott 1992). Rights, in this way, serve a regulatory purpose.

### **A Swedish 'Subject of Rights'**

The Swedish texts approach the 'subject of rights' in ways that respond to a specific political context. There is not much emphasis on liberal accounts of the subject. Indeed, the focus is on the common 'good' and discourses of social justice and equality rather than liberal notions of

individual freedom. The Swedish texts reflect a political context that is organised around discourses of democracy, solidarity and equality. The Swedish 'subject of rights' is thus deployed in relation to a sense of 'belonging', established through a series of fundamental values and ideals:

[Sweden 3: 8] A strong sense of community characterised by solidarity among people is the very foundation for equality in public health.

[Sweden 2: 49] Issues around HIV/aids and sex and relationships also involve matters of fundamental values in school like democracy, ethics, human rights and gender.

If the 'subject of rights' is going to serve as a viable route of biopolitics in the Swedish context then it must be successfully assembled through discourses that deploy a politicised sense of belonging to the Swedish democratic collective. By this I mean that the subjectivities that can be potentially subversive, disobedient and insubordinate are not necessarily those that engage in the practices that have been problematised (homophobia, sexism, etc.) but those whose subjectivities place them outside the boundaries of belonging to established Swedish common values.

Biopolitics has the capacity to sustain an assemblage of power that produces several contingent phenomenon that may, or may not, have been connected into *governable* interlinked 'problems'. The 'subject of rights' in the Swedish texts produces regulated social realities that can co-opt complex social struggles that carry potential threats to governance if they are not secured through biopolitics.

The 'subject of rights' is the result of a context-specific assemblage. In the Swedish texts, the activation of the 'subject of rights' as a biopolitical tool of governance is secured through a successful reconfiguration of complex and heterogeneous elements, including legal techniques of sovereign power, feminist and post-structuralist discourses of sex and gender, liberal ideas of empowerment, and culturally specific ideals of solidarity, belonging and democracy.

### **6.3.2 The Risky Subject of Discipline as a tactic of Security in English Texts**

Turning now to the English documents, I have already argued that they share a governmentality theme with the Swedish documents; a similar biopolitical problematisation. My claim is that the English texts produce a governable subject of security, although the relationship between the subject and the mechanisms of security appears different from that contained in the Swedish texts.

The first difference is that the English policy texts do not address the subject as a holder of rights. Instead, the political subject in the English policy texts is primarily the product of the 'self' pursuing its self-interests, based on rational, economic thought. The question is less about citizens' rights and more about ways in which the Government is able to strike a balance between the self-interest of the subject and the need for intervention (Foucault 2008).

With regard to the issue of rights, the contrast with the subject in the Swedish texts is clear. Rights are not considered much in the English texts. Where rights are mentioned, it is in relation to adults and non-sexual matters (e.g., England doc. 1, on the right to smoke vs. second-hand smoke).

The only exception in which rights are mentioned in relation to young people and sexuality is in the document 'A Framework for Sexual Health Improvement in England', in relation to the need for more accessible sex education and information to be made available for young people with learning disabilities:

[England 9: 26] The Human Rights Act states that every human being has a right to respect for private and family life.

The subject of power in English texts emerges through a different route. This is not to say, that the English and the Swedish routes are incompatible, contradictory, or mutually exclusive. Foucault (2008: 42) argues that problematisations are:

[...] heterogeneous procedures, forms of coherence, and ways of doing things. We should keep in mind that heterogeneity is never a principle of exclusion; it never prevents coexistence, conjunction, or connection.

Nonetheless, coherence emerges within an empirical context and is therefore distinguishable from how the same 'problem' is problematised elsewhere (see, Ronnblom 2012). In the English policy texts the subject is addressed in an approach that can be described as

'utilitarian', in the sense that the political subject is deployed as a result of necessity, or the potential usefulness of political intervention (Foucault 2008):

[England 7: 16] Why teenage pregnancy matters and what works in reducing teenage pregnancy rates [...] Teenage pregnancy is a cause of health inequalities and child poverty. It is important, therefore, for local areas to understand how investing in actions to reduce teenage pregnancy and improve outcomes for teenage parents and their children enables young people to achieve their potential – increasing social capacity and producing savings in the longer-term.

Foucault defines this type of approach as being one that shapes 'the sphere of independence of the governed on the basis of the necessary limitation of government' (Foucault 2008: 43). The key to the utilitarian approach is to circumscribe the juridical limitation of public authority, not in the will of rights but, in terms of individual and collective utility (Foucault 2008).

The subject itself is treated as a utilitarian economic thinker, and social order emerges not by guaranteeing rights and a sexual citizenship, but through the mechanisms of an economy of sexual health. In other words, the limitation of power is 'not given by respect for the freedom of individuals, but simply by the evidence of economic analysis which [the Government] knows has to be respected. It is limited by evidence, not by the freedom of individuals' (Foucault 2008: 62):

[England 2: 6, *describing Government strategy*]

- Makes clear the negative consequences of early parenthood on both the young mother and child and the costs to the individual, local community and society as a whole;
- Encourages local areas to strengthen local implementation based on the evidence of what works;

- Clarifies which young people are likely to become pregnant to ensure action is focussed on 'hotspot' neighbourhoods and young people most at risk.

This is also why the logic of 'risk' in the English material is best understood, not as controlling or as putting constraints on freedom, but rather as a mechanism for the production and organisation of freedom in relation to security (Foucault 2007). It serves to calculate the cost of freedom and security in the face of danger. The notion of danger is the flip-side of freedom; it is the 'cultural correlative of liberalism' (Foucault 2008: 67).

Indeed, risk in the English material is the answer to the question of how to manage freedom and danger when the subject has no rights to claim. I identified the answer to this question in Chapter Five. It is to ensure that the subject is aware of danger and employs freedom in a responsible and prudent manner, establishing disciplinary controls and interventions for those who fail to do so. The notion of danger is materialised through discourses of vulnerability and exclusion, which are both central to how the subject is addressed in the English texts. The English texts connect the notion of risk to social and economic forms of exclusion. Exclusion is therefore perceived as a threat to social order:

[England 4: 4] The impact on health inequalities, child poverty and social exclusion is such that we cannot afford to ease up on our efforts. Giving young people the knowledge, skills and confidence to resist pressure to have early sex, and to prevent early pregnancy and sexually transmitted infections when they do become sexually active, is an investment not only in their immediate health, safety

and well being, but one which will last into adulthood and be passed on to future generations.

[England 2: 2] Being a parent is a demanding job. It requires emotional maturity, financial security and the support of partners, family and friends. Teenagers who become parents are less likely to be in this position and consequently are at higher risk of long-term social exclusion.

In the absence of rights, those that do not construct their subjectivities according to the truth-telling practices of the economy, fail to protect their own interests and are at risk of social exclusion as a result. This is the threat posed by subversive subjectivities, epitomised by the pregnant teen body which is linked to 'poverty, low aspirations and not being in education, employment or training' (England 9: 56).

The English 'disposition of things' is a reconfiguration where social and sexual danger, vulnerability and exclusion are aligned to in order to establish the economic subject of utilitarian government. It is a strategy of arranging heterogeneous discursive formations according to disciplinary binaries of the wanted/unwanted, successes/failures and worthy/unworthy members of society. The binary schema serves to organise society in such a way that individuals can be classified and separated on either side of it (Foucault 2007). It then serves as a strategy to distinguish and manage the risks produced by individuals that are classified as being outside of the social and economic 'path to success' (England 7: 32):

[England 5: 15] Those children and young people, who may be from more deprived backgrounds, exhibiting multiple risk factors such as poor relationships at home, lack of engagement in education and alcohol or illicit drug misuse. Such young



people are likely to fall into a pattern of multiple risky behaviours at a relatively young age and present with multiple vulnerabilities.

The English texts deal with the subject primarily through the 'binary schema' internal to the apparatus of discipline (Foucault 2003). But the tactics and techniques used to arrange (and manage) the subject according to this schema also align discourses of danger, vulnerability and exclusion to '[function] within the economico-political system as a whole' (Foucault 2003: 33), justifying biopolitical intervention.

The subject emerges as a result of a disciplinary mechanism that is directed, 'not [...] so much at what one does, but at who one is' (Foucault 1977: 178). Indeed, Foucault pointed out that risk is a technique internal to security, which only emerged in relation to specific problematisations of the population, at a time when problems of security (uncertainty, flexibility, multiple normalities) introduced the notion of 'case, risk, danger and crisis', which became useful in new fields of intervention (Foucault 2007: 61). However, when risk is deployed in the English texts as 'risk management', it does not operate as a technique of security, but as a tactic that arranges risk along the lines of disciplinary binaries, as part of a strategy to discipline the risky individual.

Both the English and Swedish policy texts apply risk as a technique of surveillance in order to make sexual health visible as a problem of the

youth population (see Chapters Four and Five). However, it is the English texts that make a strategic use of 'risk' as a tactic to constitute the 'subject of discipline': one that can be either 'prevented' or 'transformed' (see, Foucault 2007).

It functions as a tactic because 'risk' is not internal to disciplinary power but is being deployed as a technique of discipline. I make this argument because many of the risk factors that are identified through statistical surveillance (see Chapter Five) are of limited value for disciplinary means of governing. Indeed, the kind of risk profiles produced by statistical surveillance are effective tools for sorting the population according to correlations and patterns that generalise and 'massify' (see, Foucault 2007). The massifying effects of these techniques serve to segment the population according to factors such as age, location, ethnic background or gender:

[England 5: 40] key at-risk groups-in this case young people in hot spot areas, and population segments such as MSM and Black African and Black Caribbean communities.

These are at the level of 'the population', and do not distinguish or *reach* the desires, aspirations and fears in the minds and souls of young people, in order to correct and transform their sense of self into manageable (docile) bodies (see, Foucault 1977). In other words, the collection and compilation of statistics do not render a solvable problem. Instead, massified risk produces uncertainty and multiple

normalities that cannot easily and coherently be aligned to the binary schema of the subject of discipline (Foucault 2007).

Nonetheless, the assemblage in which the economic subject-of-risk can emerge combines the binary schema of disciplinary tactics (i.e. separating the 'good' from the 'bad') with the security techniques that produce multiplicity and uncertainty at the level of the population (Foucault 2007). The 'disposition of things' is made to work primarily through discursive formations that connect the data produced by security techniques to the individual traits, identities and characteristics of individuals, which are assessed, classified and analysed through the techniques of discipline (Foucault 2007). Through this 'disposition of things', the correlations picked up by the 'massified' techniques of security (external to the individual) can be reconfigured into factors that can be located *inside* the subject:

[England 5: 14] [W]hich clusters young people into seven segments based on a number of different dimensions including their relationship with [their] parents, their engagement in education and personal levels of confidence and aspiration.

The reconfigured factors can then be transferred into the domain of vulnerability and exclusion where the subject of discipline can reside:

[England 5: 35] [T]heir lack of confidence and their vulnerability to peer pressure and bullying [would suggest] that children in this segment may grow into teenagers exhibiting the behaviour and attitudes of 'Breaking the Rules'. Consequently, [these] children are a key focus and the key need that communication can help fulfil is to increase their confidence and skill in dealing with peer pressure.

[England 7: 4] For a variety of reasons – lack of knowledge, lack of confidence to resist pressure, poor access to advice and support, low aspirations – around 40,000 young women become pregnant each year.

This transfer is only achieved through the 'disposition' of discourses of vulnerability which successfully locate the calculation of 'risk', not within correlations of contingent and uncertain risks, but in relation to processes which break down data, classify and distribute segments hierarchically (Foucault 2007). The subject of discipline is produced by the way in which the techniques of discipline analyse and break 'down [the individual] into components such that they can be seen, on the one hand, and modified on the other' (Foucault 2007: 56).

The English texts, then, place practices of security at the centre, only to function as a disciplinary tool used to detect and distribute subjects according to their 'ability, willingness or intention' to change (see England 5: 17). The subject is addressed through a utilitarian approach because it can be assembled as the 'risky subject of discipline'. The utilitarian approach applied in the English texts means that policies can build upon a general conception of risk, if there is evidence to support the instrumental value of action. The key is that policies must operate on an individualised conception of risk (reconfigured risk) when the means of governing are deployed on 'risky' subjects. As such, the tactic offers an explanation which both defines the general conception, and also is conducive to formulating a workable policy target based on increasing individual skills, confidence and motivation:

[England 3: 39, *text about investing in prevention*] The initial target audience is vulnerable females whose self efficacy in this area currently compromises their ability to make their desire for safer sex a reality. [...] The aims of this work are to:

- increase their ability to negotiate safe and positive sexual encounters.
- equip them with confidence, language, skills and information to practice effective condom usage. [...]
- encourage behaviour change within the target audience through the positive social marketing exchange and modify sexually risky behaviour, thus reducing the incidence of STIs and unwanted pregnancies.

[England 7: 20] We want to be in a position where all young people have accurate, factual information so they can make safe and healthy choices, as well as the skills and confidence that helps to ensure that they are not pressured into making choices that put their health, safety or emotional well-being at risk by having sex before they are ready.

This strategy emerges as a preventive and productive force, through 'surveillance, diagnosis, and the possible transformation of individuals' (Foucault 2007: 5). It is preventive because it fabricates the unwanted through discourses of vulnerability, and it is productive, because it fabricates the wanted through discourses of aspiration and success (see, Ball 2013).

As argued in Chapter Five, power addresses the subject both through generalisation and individualisation; it affects individual motivation through generalisation by producing the subject in relation to the risk of exclusion, motivating subjects to stay or get on 'the path to success'. It also sets up repressive individualised mandatory programmes and requirements for those who fail (Dean 2010). Generalisation and individualisation thus combine both the sovereign and security apparatuses, arranging them through disciplinary strategies of risk

management that can target the 'economic subject of risk' (Foucault 2007; Dean 2007).

In the next section, I compare how normalisation is addressed in the English and Swedish policy texts and its power effects.

#### **6.4 Processes of Normalisation and Effects in Sweden and England**

Foucault's (2003; 2007) central idea is that power flows through sovereign, disciplinary and security apparatuses in such a way that each govern spaces differently, even when addressing the same problem. If we consider normalising processes, sovereignty 'capitalizes a territory', whereas discipline 'structures a space' distributing elements hierarchically and functionally, and security 'plans' an environment in terms of events or series of events or possible elements (Foucault 2007). All three of these *dispositifs* can operate on the same normalising space, combining, reinforcing and amplifying each other (Foucault 2007; 2008).

##### **6.4.1 Normalising Power**

Foucault (2007) explains that systems of legality and disciplinary systems both proceed on the separation of the permitted and the forbidden. The legal system reinstates order by focusing on the

negative, the forbidden, by analysing it into ever increasing specificity and detail. It succeeds when it prevents the forbidden and order is that which remains (Foucault 2007). Discipline also follows this procedure, although it is focused on the permitted, or, the obligated. Whereas the law is not interested in subjects until they transgress the boundary of the forbidden, discipline 'tells you what you must do at every moment' (Foucault 2007: 46). Disorder emerges when the subject acts beyond what has been determined, and so discipline must attempt to penetrate 'everywhere' to establish order (Foucault 2007).

Security does not seek to prohibit or prescribe, but rather seeks to respond to a reality in such a way that 'this response cancels out the reality to which it responds—nullifies it, or limits, checks, or regulates it' (Foucault 2007: 47).

Sovereign and disciplinary normalisations are prescriptive, in the sense that the norm exists before reality, and the idea is to make reality resemble the norm by separating the normal and the abnormal (which are targeted). On the other hand, biopolitical normalisation means that (multiple) norms emerge from the population (data) itself, allowing the government to insert checks and balances that keep individuals within the accepted normality. The normal come first in the form of data, and then 'the norm is deduced from it' (Foucault 2007: 63).

With regard to processes of normalisation, Foucault distinguishes between the system of norms on which a legal system (which codifies the norm) is built, and the processes or techniques of normalisation (Foucault 2007). It is the latter that is of interest here, so the focus is on disciplinary and biopolitical mechanisms of security. Specifically, what kinds of normalisation can we see in the Swedish and English texts?

#### **6.4.2 Effects of Swedish Normalisations**

Normalisation processes occur within networks of power, connecting to multiple discourses and drawing from heterogeneous discursive resources. There are therefore multiple (overlapping, intersecting or opposing) normalisations operating at any one time. In the Swedish sexual health texts there are some examples of normalisation where a biopolitical logic is used to arrange objects in ways that find support within the population itself, aligning the goals of government to 'reality'. In other words, arranging objects and subjects in such a way that the result checks, limits or regulates the problem.

One area where this is clearly exemplified is in the attempt to identify ways in which risk-free behaviours can be eroticised (e.g. condom use), including the smell of rubber and the noise of wrapping tearing (Sweden 5: 99). Sexual pleasure is, in this example, not taken as a



problem (danger, temptation, etc.), but seen as an opportunity to be used in the pursuit of regulation:

[Sweden 5: 188] Communicate the positive side of always using a condom, in order to increase sexual pleasure and decrease anxiety, and that a Swedish youth study reveals that the person suggesting to use a condom is seen as trustworthy and caring.

[Sweden 5: 184] Many men also say that the pressure they experience on their scrotum [if the condom is pulled over it] and around the base of the penis increases feelings of pleasure.

Recasting sexual pleasure as serving a positive biopolitical function implies biopolitical normalisation. Health and education professionals are therefore trained on how to operate through such processes of normalisation in schools and clinics:

[Sweden 4: 39] Train health and school staff working with prevention to communicate about condoms, safer sex and about how safer sex can be pleasurable.

The emphasis here is not to prescribe behaviours according to a pre-existing norm that tells us that those who practice safer sex are more normal than those who do not. Instead, it is a conscious attempt to eroticise things like condom use, to assert certain practices that were perceived as counterintuitive to the 'sexual script' so that they become a natural part of it (see Gagnon and Simon 1973; Simon and Gagnon 1986). These are processes of normalisation internal to security; the norm has been deduced from knowledge about the population, rather than by dividing the normal and abnormal according to the norm.

The norm can only emerge through population studies that allow the government to identify the characteristics and desires of the population, to better understand how to normalise safer sex:

[Sweden 7: 19] Informative interventions in the media that encourage people to have fewer sexual partners are often perceived as moralising, triggering the desire to protest and become therefore counter-productive.

Eroticising safer sex practices, such as using condoms, functions better as a tactic of security than advocating monogamy among youth because, among youth, monogamy may not represent a statistical normality. Governing through knowledge about the natural processes and desires of the population has better chances of checking, or limiting the biopolitical problem of poor sexual health. Security normalisation recognises the pursuit of intimacy and sexual pleasure as an internal process of the population. This knowledge is where the opportunity to intervene emerges in such a way that the problem can be limited. Hence, the desire to seek out pleasure has shifted from being a behaviour that interventions might seek to stop, into a resource for governing risk.

As argued in the introduction to this section, we must think of normalisation as anything ranging from normalities deduced from statistical distribution, to the idealised model of normality associated with apparatuses of discipline and used to judge concrete social relations and situations. The Swedish policy texts contain multiple and intersecting forms of normalisation, and while that described above

suggests the deployment of apparatuses of security, they may also connect to prescriptive mechanisms of normalisation and have disciplinary norm effects. Foucault's 'dividing practices' (see, Foucault 1982) are examples of the effects produced by disciplinary processes of normalisation which is most apparent when we consider, for instance, whose sexual subjectivity is problematised (and whose is not), in relation to the way in which the subject is constituted (see Foucault 1977, 1978). As seen in the way the subject is addressed, as well as in the way safer sex is normalised, the subject must be sexually empowered, know their rights and their claims to pleasure, and actively participate in the protection of their right not to be discriminated against. Adult professionals must be trained to respect rights and to counter harmful (hetero and sexist) norms. Rights and obligations are circumscribed by a series of common values, ideals and belongings. Disciplinary norms are activated in response to those whose subjectivities place them outside these idealised belongings:

[Sweden 10: 21] Traditional masculinity norms limit the possibilities for the responsibility for sexual health to be taken on a more gender equal basis. By working on men's attitudes and behaviours on the use of contraception, reproductive health and rights can be promoted.

[Sweden 10: 52] The [Youth Civic] Department is working among other things to find out how young people are doing, for example, by examining their values on gender equality, masculinity and violence.

It is in relation to the progressive shared ideal of a gender equal society that certain groups emerge as problematic in the texts. Although a general conception of masculinity is identified as problematic, only the

masculinities of foreign boys and men are described as explicitly problematic:

[Sweden 8: 53] The young man's behaviour is predatory in order to maintain the family honour but [he] is also a victim and suffers due to what is demanded of him and the actions he is forced to take.

In other words, the Swedish 'sexual-subject of rights' implies participation and belonging to a community of common values that function as norms and have a dividing (disciplinary) effect; dichotomising Swedish and foreign sexual subjectivities.

In the Swedish policy texts, I find that this dichotomy is achieved in two ways; first, surveillance and population data is used to identify this group as particularly problematic in terms of poor sexual health and sexual risk, in comparison to the (Swedish) population as a whole:

[Sweden 8: 50] [Studies] show that women of foreign descent [...] had comparatively more abortions and had previous experience of abortion, than that of women of Swedish descent. In accordance with this, women of foreign descent also had less experience of contraception than the Swedish women.

[Sweden 1: 6] Risk groups for sexual violence are, for example, migrant girls from some cultures as well as drug abusers and women with mental health conditions.

Second, non-Swedes are problematised in terms of their culture, identity, and values and opposed to what, in turn, becomes distinctly Swedish:

[Sweden 1: 41] Immigrant girls' circumstances must be highlighted as there can be a collision between views on masculinity and femininity in the home country and those in Sweden.

The problematisation of migrant girls and women in the texts, and the gendered racialisation of sexualised and gender-based violence, simultaneously construct a normalised Swedish woman and girlhood that is sexually liberated, gender-equal and empowered. The key in the constitution of this dichotomy is in the normalisation of good sexual subjectivity (rights based, gender equal, progressive) as Swedish sexual subjectivity. Indeed, the idea of female oppression only emerges in relation to migrants and non-Swedes (e.g., Sweden doc 1:49; 3:89; 5:149). The word 'oppression' itself is often used alongside the word 'honour-thinking' (e.g., Sweden doc 3:89; 5:149) which is a particular understanding of gender-based and sexualised violence as a foreign practice specifically designed to oppress immigrant women and girls:

[Sweden 3: 89] Girls and young women's lives can be under strict control and transgressions of the family's rules can lead to sanctions in the shape of even harsher restrictions, threats and, at worst, life-threatening violence.

In contrast, sexual violence among (implicit Swedish) teens and gender inequality is discussed in terms of complex social processes, best understood through gender theory and heteronormativity (see previous section), without attributing them to any specific Swedish tradition, values or the Nordic ethnic/religious composition. Instead, Swedish sexual 'problems' are 'serious and multifaceted problems that must be viewed from a judicial, social and gender perspective.' (Sweden 3: 89, on prostitution).

A dichotomy begins to form as these representations are continuously arranged in this way. It is most clearly established in the use of the word 'multiculturalism'. This word is used to describe one key group of young people at-risk of poor sexual health, clearly distinguishable from other groups at risk such as LGBT youth and young people with disabilities (see Sweden doc. 1, 4, 5, and 8):

[Sweden 4: 22] Some teens are more vulnerable to risk than others, and it is not only the multicultural society that must be considered.

This quote is the introduction to texts that present LGBT and disabled youth as particularly at-risk, alongside the 'multicultural society'. Hence, we can understand two things; first, in a multicultural society, only non-Swedes are multicultural:

[Sweden 4: 21] Close to 20 percent of the Swedish population have their roots in a different country and a different culture. Views on sexuality, relationships and contraception are characterised in part by the knowledges and values one has from one's country of origin, but they are also affected by the situation in which people live in Sweden.

Swedes do not carry this duality and as such, Swedish culture remains untouched and unproblematised; it *is* the norm to which 'multicultural' people must relate. In this sense, it is strictly a disciplinary norm, because it starts *from* the norm, and only with reference to the norm (compliance, resistance, etc.) can the normal be distinguished from the abnormal. As Foucault (2007: 57) writes, 'it is not the normal and the abnormal that is fundamental and primary in disciplinary normalization, it is the norm'.

The second thing to consider is that the quote is cautioning the reader about making a 'multicultural problem' assumption, when the text is trying to draw the attention elsewhere (LGBT and disabled youth at-risk). The assumption being that poor sexual health may be implicitly linked to multicultural youth by the reader, if other risk-groups are not explicitly mentioned.

Moreover, Swedish policy texts reveal concerns for the possibilities of governing these foreign elements, in relation to what they bring *into* society:

[Sweden 8: 21] Sweden is a multicultural society, which means that we have to observe and manage values that may constitute both hindering and advancing factors in SRHR prevention.

[Sweden 8: 53] Being young today can be problematic if one has to deal with different attitudes, partly within the culture where one has one's roots, and partly within the culture that prevails in the society in which one lives. These attitudes live side by side in the daily lives of many people living in Sweden. Most importantly in relation to views on sexuality that may be considered liberal in society as a whole, but experienced by young girls in migrant communities under completely different circumstances than those of girls belonging to the Swedish culture.

[Sweden 5: 67] Expectations of what is seen as appropriate behaviour for a girl or woman and a boy or man, respectively, can differ between different groups, even within the country, for example among individuals with different ethnic and religious backgrounds.

This dichotomy thus offers an imagery of the foreign element that comes from somewhere else as an intelligible explanation of sexual (gender) difference and deviance. Simultaneously, the norm offers those within it a position where one's sexual subjectivity can go

unnoticed and unproblematised. As such, Swedes are assumed to be sexually free, tolerant and progressive, even if this is not reflected in reality (Fahlgren 2011). In turn, people on the other side of the dichotomy who cannot occupy this position may risk being suspected of either compromising the sexual citizenship of women and girls, or of sexual minorities:

[Sweden 2: 62] Special information interventions are needed as well for men who have sex with men with a background in cultures with less tolerant views on homosexuality than that of the Swedish society of today.

Furthermore, the norm effect is dual in the sense that it is both gendered and racialised, managing to police the borders of normality, not only in relation to femininity and masculinity, but also in relation to ethnic and cultural values:

[Sweden 8: 21] In Sweden, a positive and liberal view of sexuality generally prevails and there is a long tradition of sexual education and acceptance of teenagers right to having a sex life.

[Sweden 10: 16] Sweden can, in many ways, be seen as a pioneering country in the field of SRHR. For example, for having legal rights to abortion and against discrimination based on sexual orientation or transgender identities.

The two forms of normalisation discussed here reveal two mechanisms of power (security and discipline) being deployed in the Swedish texts. The first one, concerned with supporting environments and processes that limit or minimise sexual risk, is flexible and starts from the 'normal'. The second is far more rigid, and more closely related to finding and transforming the cause of risk within individuals themselves. However, the truth, norm and power effects of these forms



are intertwined; as seen above, they both connect and reinforce the power relations that establish the boundaries of social acceptability and privilege (Hill Collins 2000; Skeggs 1997). As such, the effects of different apparatuses interact and reinforce each other to define what gender, race and sexuality in the 'multicultural' Sweden of today looks like, within broader negotiations of national identity and social reconstruction.

#### **6.4.3 Effects of English Normalisations**

If we understand the Swedish texts as normalising the sexual 'subject of rights', then a similar normalisation in the English material can be viewed in relation to the economic 'subject of risk'. So, what is being normalised and with what effects in the English texts?

Normalisation can be taken as a complex multifaceted process, or as multiple processes of normalisation operating simultaneously, and on multiple levels. As I have done when examining the Swedish documents in the previous section, I follow Foucault's (2003) idea of a governmentalised space as being one where normalisation spreads over two poles: regulating the contingent economy of 'life' and; disciplining the interests, desires and aspirations of subjects. Therefore, an analytical distinction can be made between security and disciplinary normalisations. In this section, I argue that in the English

texts, these two dimensions are best exemplified in the normalisation of resilience, and aspirations, respectively.

First, security processes of normalisation do not seek to constrain the population, but rather depend on what Foucault (2007: 48-49) called freedom of 'circulation':

The apparatus of security cannot operate well except on condition that it is given freedom [...] the possibility of movement, change of place, and processes of circulation of both people and things. I think it is this freedom of circulation, in the broad sense of the term, it is in terms of this option of circulation, that we should understand the word freedom, and understand it as one of the facets, aspects, or dimensions of the deployment of apparatuses of security.

The role of the government is to remove the constraints to 'circulation', arranging subjects and objects in ways that promote an environment of flexibility, choice, opportunities and consumption (see, Villadsen 2015), because '[t]he principle of security which operates biopolitically is fundamentally that of economy' (Dillon 2015: 48).

In the English policy documents this is best exemplified in the potential value of young people as 'assets', rather than a cost. The problem representation of the vulnerability and riskiness of youth and the calculations of costs/consequences revolves around this economic principle. The key, in term of security normalisation, is not to stop danger, but to let processes flow according to their own internal logic and patterns, while simultaneously identifying and harnessing the

potential within the natural dynamics and regularities of the population itself (Foucault 2007, 2008):

[England 9: 16] [...] these factors [poverty, exclusion] are clearly beyond the control of adolescents, and many resilient young people who grow up in difficult circumstances do have positive outcomes.

A more positive approach is to identify the 'assets' that those resilient young people have, and to try and help at-risk young people to develop them. In this way, we can significantly improve their resilience – their ability to 'enjoy life, survive challenges, and maintain positive well-being and self-esteem'.

[England 7: 9] Offering appropriate support to young people who are experiencing these underlying risk factors [poverty, exclusions, etc.] will help to build their resilience and raise their aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.

[England 9: 18, italics in original] The Department for Education has also funded the development of *A framework of outcomes for young people*, signposting commissioners and providers to a wide range of support to help them to shift their focus from reducing negative outcomes to supporting the development of protective factors in young people.

In other words, poverty, exclusion and inequality will remain, but resilient young people will be free to 'circulate' out of it, through a capitalisation of their ability to 'bounce back' from adversity. The resilient subject is thus necessarily a vulnerable subject. Only those who endure and survive by moving 'out of phase' with themselves (e.g., beyond the boundaries of identity or territory), represent the favourable flow that must be secured. The resilient subject is therefore at the heart of security practices (Evans and Reid 2013); they have the potential to limit risks (costs, burdens) by becoming 'assets' to security; the key being 'capacities for adaptation and change' (Dillon and Lobo-Guerrero 2008: 271).

As a concept, resilience is a well documented biopolitical strategy and appears across a diverse range of discourses and fields in various forms (O'Malley 2010; Evans and Reid 2013). In the English texts, the need to secure the capacity of populations to change and survive adversity is clearly defined. Resilience is understood as a capacity; a natural characteristic of the population, as explained in the English extract below (see next page, England 9: 16): it is an *ability* to 'enjoy life, survive challenges, and maintain positive well-being and self-esteem'. It is also a characteristic that can be trained and coached, in order to increase and harness the potential within the population.

As I argued earlier, Foucault explained how in security normalisations, the normal come first, and then 'the norm is deduced from it' (Foucault 2007: 63). If the aim is to achieve favourable circulation, resilience emerges as a necessity in the face of complex risk factors. Resilience is able to function as a mark of distinction, a quality in relation to which systems, populations and individuals at-risk can be assessed and evaluated (Evans and Reid 2013). As such, it can detect the 'the normal' from which security practices derive the norm. Hence, if resilience is the capacity, then 'self-actualisation' becomes the norm:

[England 7: 16] [enable] them to spend more time in education gaining qualifications and subsequently enhancing their job prospects and earning capacity.

[England 2: 2] [T]o give young people the chance to make positive choices and achieve their potential.

[England 10: 24]

- Control over fertility through increased use of contraception.
- Greater ability to pursue educational and employment opportunities.
- Improved self-esteem.
- Improved economic status/reduction in family and child poverty.

[England 9: 16] 'enjoy life, survive challenges, and maintain positive well-being and self-esteem'.

However, the norm of 'self-actualisation' is not the driving force of security normalisations. It is an effect of normalising practices of security, that is, the need to secure favourable flows, to regulate resilience. Ultimately, it is the biopolitics of managing risks; risks make resilience necessary, and security practices must regulate and secure resilience. If not, despite the 'normality' of circulation, of change and adaptation, individuals may lack freedom, and fail to realise their potential. For example, as a result of identity formation or group belonging:

[England 2:8] The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion are passed from one generation to the next.

[England 2: 7] There are also some communities in which early parenthood is seen as normal and not a cause for concern.

[England 7: 35] But it is recognition that extra support is needed if we are to break the intergenerational cycle of low aspirations and poor outcomes associated with early parenthood.

Hence, assuming vulnerable young people are faced with the adversity posed by poverty, lack of education or poor family conditions, not only is it necessary to have the capacity to survive and come out unharmed

from it, but it is also necessary to (biopolitically) secure this resilience, through the *aspiration* to achieve 'self-actualisation'.

Aspiration regulates the favourable flows that will sustain change and circulation beyond older versions of identity and belongings. However, aspiration is closely linked to identity production, and security normalisation is not about identity production, it is about capitalising 'life' by 'translating contingency into risk and risk into a tradable asset' (Dillon and Lobo-Guerrero 2008: 268). This is not to say that identity production will not be supported by this form of normalisation, on the contrary, the effect of one normalisation re-enforcing another is exactly my point. By this I mean that while resilience has significant truth effects in how we see the world (adversity as an inevitability and risk as a tradeable asset), both vulnerability and self-actualisation emerge as viable subject positions. They are both norm effects of the normalisation practices of securing resilience. As Dillon and Lobo-Guerrero (2008: 271) explain: 'security practices are mined as a rich source of novel subject positions'.

Therefore, while the primary driver of security is not identity production, this can be picked up by disciplinary processes of normalisation. Disciplinary normalisation is able to operate at levels which reach individual bodies and act on desires, interest and motivations, according to the norm:

[England 7: 32] Services for young people, organised in this way [early intervention], help in developing resilience and raising aspirations amongst vulnerable young people, building on the work that schools and colleges do. Raised aspirations and skills in resilience have a direct influence in reducing the full range of poor outcomes, including teenage pregnancy.

[England 2: 8] The challenge, therefore, is to provide young people with the means to avoid early pregnancy, but also to tackle the underlying circumstances that motivate young people to want to, or lead them passively to become pregnant at a young age.

[England 2: 3] [To] address more effectively the underlying risk factors and motivate young people to pursue goals other than early parenthood.

As highlighted in the section on the Swedish normalisations, disciplinary normalisation is a 'dividing practice' (see, Foucault 1982). It surveils, classifies and separates to act on those who are not 'free', not 'successful', or not 'achieving their potential'. These practices crystallise around context-specific things and relations. And so, while the Swedish texts crystallise around the process of policing the borders of gender and nationality, in the English policy documents disciplinary normalisation is most evident in relation to distinctions of class:

[England 2: 31] As our Strategy makes clear, our priority is to reduce rates of under 18 conception by giving young people the means and motivation to delay parenthood until they are in a better position – emotionally, educationally and economically to face its challenges.

[England 9: 38] Local areas have been given the freedoms and flexibilities to do what fits to reduce teenage pregnancies in their area – by providing appropriate support to ensure that young people have ambitions and stay engaged with and reach high levels of educational attainment, so that all young people can have the best start in life.

[England 2: 2] Being a parent is a demanding job. It requires emotional maturity, financial security and the support of partners, family and friends. Teenagers who become parents are less likely to be in this position and consequently are at higher risk of long-term social exclusion. They all too often end up raising their children alone, isolated from the support they need and in poverty. For many – particularly

those who leave education when they become pregnant – their lack of qualifications can trap them in poverty for the rest of their lives.

However, the disciplinary normalisation of class is distinctively gendered. Although all the quotes included above use gender neutral language, the disciplinary normalisation in the English texts also entails a feminisation of aspects of these class distinctions, where both the quality of resilience and the value of aspiration are feminised, because women and girls are the ones who carry the risks as well as the opportunities. Indeed, the English documents place men as relevant in terms of context of sexual behaviour, but agency and responsibility for sexual risks is feminised:

[England 2: 32] how to support young fathers to take greater responsibility for contraception – research suggests that men have a strong influence over their partner's choice of contraception – to help reduce second and subsequent unplanned pregnancies.

Equally in relation to the risks associated with self-actualisation, it is predominantly girls and young women who carry the vulnerability:

[England 7:16] [T]eenage mothers are less likely to finish their education, and more likely to bring up their child alone and in poverty.

[England 5: 11] Almost 40% of teenage mothers have no qualifications. Only 30% are in employment, education or training compared with 90% of all 16-19 year olds.

While many young men who become teen parents are, just as girls, from impoverished backgrounds, the risk of boys not 'bouncing back' from early pregnancy, dropping out of education or becoming less employable in the future, is not highlighted.



Hence, while most documents use a gender-neutral language including terms such as young people and youth, very often the meanings of these terms are aimed at young women:

[England 7: 33] Lead professionals also play an important role in helping teenage parents and their children have better outcomes. This might mean helping a teenage mother to re-engage in education, employment or training. Part of that support role should include helping young mothers to access effective contraception, to avoid repeat unplanned pregnancies.

When boys are addressed specifically, the 'otherness' of boys in sexual health problematisations among youth is further highlighted:

[England 9: 15] The needs of boys and young men are different to that of girls and this should be acknowledged. It is important that issues such as relationships, consent, contraception and infections are considered from a young man's perspective. An example of a tailored approach is in the box: Case study: The Playing Safely sport and sexual health programme.

[England 2: 20] continue to develop messages to help young people see the benefits of delaying early sex and resisting pressure to have sex they do not want. This will include further work to develop a 'delay' message which has a resonance and credibility amongst boys and young men.

In the documents quoted above, no examples are tailored to the needs of girls as they are implicitly addressed throughout the documents in the form of gender neutral language. The strategies, programmes, campaigns and messages are already tailored to target girls, whereas boys and men are at the margins, scarcely visible. Indeed, the term 'young people' (or teen parents) and 'young women' (or teen mothers) can at times appear interchangeable:

England [2: 20] We also need to tackle the problem of young people facing repeat abortions –around 7.5% of abortions under-18 follow either a previous abortion or pregnancy. [We will ...] test different models of supporting young people who have had an abortion, and teenage parents, in their use of contraception – in the four DH Teenage Health Demonstration pilots.

England [7:12] Support for teenage parents has improved, helping to increase the proportion of teenage mothers in education, employment or training from 22 per cent to 33 per cent.

As such, the potential of transforming sexual health risks into opportunities is about transforming the future of girls and young women:

[England 10: 18, *example of a successfully commissioned sexual health journey, sharing risks and saving costs*]

Young woman (17) attends college health promotion session, given leaflet on contraceptive services. Saturday two weeks later, gets emergency hormonal contraception (EHC) from pharmacist, plus information about contraceptive options and local services. Pharmacist offers chlamydia screen which she accepts (negative result sent by text).

[England 2: 31] The evaluation of our Sure Start Plus pilot programme, identified the key benefits of a dedicated personal adviser for teenage parents – notably the increased participation in education of school age mothers and significantly higher levels of involvement in post 16 education when the advisers were based in education settings.

Hence, resilience is a biopolitical risk management strategy applied to the youth population as a whole, encapsulated in a phrase present across the English documents: 'increase the number of children and young people on the path to success' (see e.g., England 3:5, 3:17, 4:6, 7: 32). However, the tradable 'asset' of risk appears gendered as it is picked up by the dividing practices of disciplinary normalisation that emphasises girls and young women's ability to delay pregnancy and reach maturity, or as articulated in the extracts above: 'high levels of

educational attainment', a better 'educational and economic' position, and (stable) 'partner support and financial security'.

The process of responsibilisation of risks (O'Malley 1996, 2004; Lupton 2006) in the English texts, thus constitutes a gendered and classed social process where the economic and the moral are interconnected beyond the responsibility of looking after one's own health (Beck 2000; Rose 2008; Lupton 2006). It is better understood as the gendering of class vulnerability where risks can be turned into assets through the subjectivity of resilient girls and young women as they aspire to middle class markers of success. Ringrose (2007) makes precisely this point arguing that in the new millennium, 'girls have become a 'metaphor' for social mobility and social change' (Ringrose 2007: 472).

According to Ringrose (2007) this narrative about girls' educational and workplace success emerges as a result of the discourse about 'underachieving boys'. This discourse emerged in the mid 1990s in public debates and educational policy in the UK, claiming that girls were increasingly successful, at the expense of 'failing boys' (Epstein et al., 1998). From a gender perspective, that claim has been criticised especially for failing to recognise educational achievement as a classed and gendered phenomenon (Epstein et al., 1998; Lucey and Walkerdine 2000; Francis and Skelton 2005). According to Ringrose (2007), in the new millennium these claims have been re-shaped into

narratives about successful girls. These narratives separate the representation of 'problem boys' (see Francis 2006) and 'flexible girls' (see Harris 2004) as ways to detect and discipline 'good' and 'bad' subjects (Bauman 2005).

The biopolitics of resilience shifts attention towards the subject as an asset and as an economic opportunity (O'Malley 2010) and, as Harris (2004: 8) explains, young women in particular are 'constructed as ideal flexible subjects; they are imagined as benefiting from feminist achievements and ideology, as well as from new conditions that favour their success'. The subject of neo-liberalism is one that is able to reinvent themselves, coping with and choosing from multiple discourses and positions to re-make who they are (O'Malley 2010; Rose 1990). At its core, however, remains a stable ego, capable of resilience (Walkerdine 2003).

The biopolitics of security does not seek to produce feminist subjectivities but, rather, it is able to capitalise on various discourses, by securing resilience and self-invention in ways that puts 'failing girls' onto the path of a new 'class-less' status (Walkerdine 2003), that will give them new goals in life other than 'motherhood'. In the process, biopolitics creates new 'truths' about this class-less 'reality', through norms and power effects, such as the inevitability of vulnerability for young people living in exclusion and poverty, and the normalisation of

the adversity they face. As Gill and Herdieckerhoff (2006) point out, new desires of successful femininity are produced by individualised arrangements of middle-class norms that can satisfy the post-feminist ideals of a self-actualisation that must be achieved in all aspects of life (domestic, career, sexual, etc.).

In the English policy documents normalisation processes include tactics that secure normal resilience and disciplinary 'dividing practices' (Dean 2007) that normalise aspirations of successful middle class femininity. As a social process this normalisation assembles multiple discourses and narratives of risk and opportunity, and failure and success, and produces a range of heterogeneous effects. Most importantly, it disproportionately targets the desires and bodies of 'failed' girls at-risk-of-pregnancy.

#### **6.4.4 Effects of Power – Concluding Remarks**

In this Chapter I have compared the problematisation of young people's sexual health by examining and theorising the similarities and differences between the selected policy documents from Sweden and England.

First, when considering the tactics and mechanisms involved in how power is re-arranged in each case, I have found many similarities. In

both cases, similar techniques and rationalities are used to represent the problem of youth sexual health as a problematic of government (Rose and Miller 1992). The policy documents from England and Sweden reveal a similar biopolitical problematisation, using similar techniques and rationalities of government in order to make the problem visible, intelligible and governable. As such, in both cases the problem emerges as a governmentalised problem space. However, as discussed in the introduction to the second part of the Chapter, these problematisations materialise through assemblages which produce different effects. This was made evident in the analysis of how the subject and normalisation were addressed in each set of documents and their effects.

Both the Swedish and English texts produce truth effects that emerge as claims about the subject and each is specific for the assemblage that is produced in each context; one around the subject of rights and another around the subject of risk. As such, the effects of power are very different in their appearance; the Swedish texts include the production of a space of identity formation that is nationalised through the gender equality project. Here, gender equality implies a truth effect about Swedishness that allows a nationalist discourse to differentiate Sweden as a national community from other nations/populations. Gender equality is a marker of Swedishness, which is also informed by notions of race, culture and discourses of Swedes as a progressive and

pioneering people (Fahlgren et al. 2011). The subject is addressed as the rights holder of an uncontroversial notion of gender-equality that helps establish a hierarchical order of essentialist constructions of Swedish versus immigrant from where the performative notions of Swedishness and migranthood are redrawn as inclusion and exclusion. While the Swedish subject will find a 'fit' with the sexual citizen of rights, integrating the subject position to their existing behaviours and relations, the migrant will have to change and adjust, or be excluded.

On the other hand, the English texts produce a space of uncertainty. Uncertainty as reality implies a truth effect of risk (O'Malley 2004). Risk as truth produces a form of risk management that is depoliticised as it is less of a political strategy, and more of an inevitable response to uncertainty. Truth effects for the subject imply a permanent vulnerability to the inevitability of risks. The subject is therefore addressed as the subject of risk, but also the subject of freedom of choice and responsibility to manage risks (O'Malley 1996; Lupton 2006). However, security normalisation also produces truth effects on the constitution of new subjectivities, where risk and uncertainty emerge not only as calculative ways of dealing with threats. As security embraces risk as opportunity and challenge (Dillon and Lobo-Guerrero 2008), the subject of risk produced by disciplinary power becomes the resilient subject of security.

Moreover, norm effects in the English texts includes the normalisation of vulnerability and adversity faced by teen mothers, as well as normalised notions of middle-class femininity and motherhood as a result of self-management and choice rather than structural inequalities. In other words, norm effects in the English texts emerge around norms about class and the gendered production of individualised risks and opportunities, as well as the responsabilisation of success and failure in education, employment and family life.

In the Swedish documents the effect of normalisation emerges as a racialised and gendered process which stabilises discourses of gender equality as an intrinsic part of a racially homogeneous Swedish culture and identity, while framing multiculturalism as antagonistic to the performance of Swedishness and associated with stereotypical notions of migrant and non-white identities in Sweden.

Power effects thus emerge in both the English and Swedish policy documents as essentially linked to both truth and norms effects, materialising in discursive and material effects, affecting individuals in their everyday lives. They emerge in both the English and Swedish texts in the deployment of similar mechanisms of subjectivation, policing identity and privilege, normalising gender, class and race relations, in ways that simultaneously justify inclusions and exclusions and rendering power relations invisible. However, in each case, they



develop around different, context-specific markers of hegemonic class, race and gender distinctions.

To sum up, I would argue that the two contexts analysed in these policy documents offer two problematisations that share the deployment of apparatuses of security to address the problem of liberal rule. In other words, because these problematisations emerge in response to the same question of how to biopolitically secure a population, the answer flows within mechanisms of security which necessarily produce answers that involve technologies of surveillance, calculation, circulation and freedom (technologies of the self). As such, they are the same kind of problematisation, reflecting the same 'art of governing' (Foucault 2007; 351).

On the other hand, these two problematisations materialise in two very different assemblages: one where risk techniques serve as tactics to arrange things, selves and relations, and another where rights as a technique dominates. Both of these assembled problematisations have totalising tendencies that aim to secure social order by establishing an overall system that can serve to administer the life-species, each with context-specific effects. The process of problematisation, of re-configuring power in such a way that it responds to existing anxieties and concerns without feeling artificial, is a creative, organic process of ordering. Essentially, order is achieved because it is such a dynamic

force that it will be able to absorb old discourses and integrate any new de-stabilising event or phenomenon through this process of reflection and re-configuration.

As discussed in Chapter Two, problematisations are re-configurations which take place as a response to change (Foucault 1997b). They are an attempt to re-assemble things, because something about the way power was assembled in the past is becoming problematic, visible and unfamiliar. This means that what has become problematic cannot be pushed to the background, into a level of 'unconscious' practice to be taken for granted; it must be reflected upon, analysed and re-arranged. As argued in Chapter Three, young people's sexuality is a field of constant struggle and reconstruction, but the question here the problematisation of youth sexual health can be compared across different settings. In this analysis I argue that while there are examples of both sets of policy documents using similar resources, techniques and rationality, and that these similarities are, to some extent, indicators of how we are governed in the twenty-first century, my comparative analysis reveals the ability of problematisations to re-arrange 'the disposition of things' in ways that respond to the specific concerns of each context, making every technique, tactic and discourse seem organic and internal to that setting (Foucault 1997b).

Comparing problematisations has made it possible for me to describe, not only the overall form that governing the problem takes (making it a governable space) but also to look at the specific ways in which this work of thought and reflection Foucault describes (see, Foucault 1997b) plays out and becomes articulated in the field of existing discursive and material structures. Each of the elements that the two sets of documents have in common, listed in the first part of this chapter, have been picked up, reinvented and recombined in different ways as they trickle through the multiple heterogeneous elements and relations where they come to be (re)deployed. Despite the way that specific practices may differ, simultaneously they 'do' the same work as governmentalised problem-spaces of neo-liberal reflection.

## **6.5 Chapter Summary**

In this Chapter I have presented the final stage of my analysis which compares the similarities and differences between the ways in which youth sexual health has been problematised in the selected documents from the two different contexts, as seen in Chapters Four and Five. In this chapter I have explored how the two contexts can be compared and theorised in meaningful ways, emphasising singularities and contexts while also maintaining a focus on a systemic analysis of power that can bridge and theorise both within and across different settings.

This chapter has introduced some reflections about how to understand the issues of how we are governed through problematisations and problematisations as a strategy of governing. These issues and the implications of my analysis are discussed further in the next chapter of this thesis.

## Chapter 7

### **Discussing Problematisations**

In this final chapter I discuss my research questions and consider the theoretical and practical implications of my findings. The purpose of this chapter is to connect my findings to the objectives and research questions of my thesis. In this chapter, I reflect on the process, merits and limitations of my analysis and the potential insights and implications of my findings. In order to do so, I have organised the chapter into four parts, as I outline below.

#### **7.1 Outline of the Chapter**

In the first part of this chapter, I begin with a brief discussion of my research questions, the analysis process and some of the possible responses to those questions. My emphasis in this section is to highlight some of the difficulties of analysing problematisations using comparative analysis of policy documents.

This is followed by a discussion in the second part of this chapter about the merits and limitations of my framework of analysis, as well as what I envision in the area of future research agendas.

The third part of this chapter consists of a discussion of the theoretical implications of my analysis. The emphasis in this section is to consider the analysis in relation to Foucault's analytical tools and their potential regarding practices of sexual health promotion.

The fourth and final part of this chapter, consists of a discussion of the practical implications and political usefulness of my analysis. In this closing section, I dedicate some thought to the possibilities of transferring some elements of my analysis into the field of action. Particularly in relation to how to approach the use of research evidence, and comparative methods beyond the logic of competition.

## **7.2 Research Questions and Answers**

The first chapter of this thesis positioned policy as being more than an attempt to respond to an existing problem in 'reality'. I argued that policy problems should be analysed as the attempts of governments to 'administer life' as a technical problem, making policy part of the 'problematizing activity' of governing (Rose and Miller 1992: 181). I argued that policy 'problems' are produced through problematisations and should be analysed as such.

Based on my analysis, I argue that the 'problems' represented in the policy documents I have examined emerge as responses to what

Foucault describes as biopolitics, or specific biopolitical problematisations. By this I mean Foucault's ideas of what constitutes liberal considerations of how to govern populations effectively and legitimately (Foucault 2007; 2008). These considerations are characterised by various degrees of neoliberal critical reflection and programming (Foucault 2008; Brockling et al. 2011). My argument refers to Foucault's analysis of neoliberal thought, and how it relates to biopolitics, not as an imposing force but as an element of critique (Foucault 2008). I have used Foucault's ideas about biopolitics to examine how neoliberal 'problems' are reflected upon, picked up and addressed, without neoliberal 'mentalities' necessarily being the defining feature of the tactics and technologies of rule that I have analysed (see Collier 2009; Rose et al. 2006). I will develop and explain this claim and the argument I wish to make in what follows.

An implicit hypothesis at the start of my thesis was that a Foucauldian analysis would be useful to trace the flow of power within policy texts, not only to trace the subject as an effect of power, but also to trace the connections between the *subject-effect* and the political and *governing-effect* of the 'ontological jurisdiction of [...] authority' (Butler 2009: 790) that organises and orders reality (Foucault 1997b). This intent was emphasised in the use of Foucault's idea of 'problematisation' as a tool to conceptualise policy, rather than constructing policy as 'discourse' (see, 'policy-as-discourse' in Goodwin

2011). I selected youth sexual health especially, because it is a highly controversial and contested area of policy which reveals a complex relationship between research/knowledge and policy/power (Ingham and Mayhew 2006). As such, it offers a productive ground on which to explore the contingent nature of policy 'problems' produced by the mechanisms of power. Following Foucault, my task was to emphasise the relationship between the art of government and the object it governs by examining the specific form biopolitics takes across different settings (Foucault 2007, 2008). The construction of comparative contrast between England and Sweden as part of the youth sexual health 'problem' representation, made these two cases especially relevant for my study. I therefore set out analyse, compare and understand the differences and similarities between English and Swedish policy documents by examining the connection between the critique, reflection and justification of political power and its subject in policy 'problems'. In Chapter One, I claimed that this strategy could result in more meaningful theorisations than what might be produced by measuring and ranking country performances in decontextualised comparisons. I therefore formulated my questions as follows:

*How is youth sexual health problematised in Swedish and English policy texts? And how do the English and Swedish problematisation of youth sexual health compare in terms of similarities and differences and how can these be understood?*



### 7.2.1 Exploring the Research Questions – Discussing the Analysis

I have come to understand analysis as a process that progresses from one layer of depth to the next. In this section I try to explain how I understand my own analysis and what kind of insights I argue it can provide. In the next two sections I discuss the theoretical and practical implications that follow from this interpretation.

To start with, as seen in the first two analysis chapters (Chapters Four and Five), the phases of analysis initially focused on the function of each problem representation in achieving three discursive elements of problematisations: a) shaping a 'field of visibility' (Dean 2007), b) producing a *knowable* population (object of knowledge) and, in turn, c) a *governable* problem (Dean 2010; Miller and Rose 2008; Rabinow and Rose 2006).

In short, these consist of: first, techniques of statistical surveillance and use of data that give reality to threats or dangers on which truth claims can be made (e.g., announcing a chlamydia epidemic, see Chapter Four, or a causality relation between teen pregnancy and poverty, see Chapter Five); second, a coherent explanation or narrative that can sustain multiple courses of action is formulated through expert knowledges (new norms, risk behaviours, poor self-esteem, poverty, exclusion, etc.); and third, specific courses of action emerge as the most rational (and legitimate) means of political

intervention, reflected in the narrative that the field of intelligibility sustains (see Chapters Four and Five).

By examining these three functions of the problematising activity, my initial analysis revealed *how* the problematising process strategically governmentalises the problem-space and constitutes the problem of youth sexual health within a biopolitical frame as a governable problem. As Gordon (1991) points out, these are practices that give reality to fields of objects upon which truth claims are made; it is a process that sets both the nature and purpose of government through governing. Indeed, these practices establish the boundaries of political legitimacy, an 'ontological jurisdiction' (Butler 2009: 790) or 'political ontology' (Collier 2011: 18), in relation to what is proposed as the goals and purpose of political power. In my analysis, I found that the 'ontological jurisdiction' of power that was established in the policy documents was justified through 'truths', and activated through 'persuasion'. Borrowing from Latour's (1987) reflections about power, Rose and Miller describe this as seeking to govern 'at a distance' (Rose and Miller 1992: 184). As seen in Chapters Four and Five, this kind of governmental reflection centres around governing *through* freedom of choice, rather than in spite of it (Miller and Rose 2008; Dean 2010; Brockling et al. 2011):

[Sweden 10: 19] Health-promotion work can be described as the process that makes it possible for people to gain control over and improve their health.

[Sweden 9: 1] People should have the opportunity to define their own health, to formulate any potential problems themselves and the opportunity to find solutions to them.

[England 9: 22] Sexual health promotion and prevention work aims to help people to make informed and responsible choices, with an emphasis on making healthy decisions.

[England 8: 13] People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

It is worth mentioning that the preventive dimension of governing health is nothing new (Foucault 2003; Nadesan 2008), nor is the strategy of problematising individual behaviour (see, Rose 1999 and the construction of 'adolescence', in Chapter Two). Indeed, it is the emphasis on choice and individual responsibility to self-manage well-being and sexual health that is most distinctive and perhaps characteristic of the way governments now seek to govern economic, social and physical life – that is, through the production of self-governing subjects, rather than via prohibitive or coercive measures (Foucault 1988; O'Malley 1996; Rose 1996).

This kind of analysis suggests that there is more taking place in policy-making than a 'problem-solving' narrative suggests, because these processes and their effects are not random. Analysing policies and their effects could therefore provide insights about the reorganisation of the social realm, and in government and authority, that has been taking place in recent decades (Ball and Junemann 2012; Triantafillou 2004; Sorensen and Triantafillou 2009). The new processes and practices of

contemporary governmentalised (or problematised) governing reveals something about *how* we are governed and what kinds of new political subjects these changes in the political ontology might produce (Foucault 1980, 1997a; Gordon 1991; Butler 2009).

Therefore, my initial focus was more concerned with the similarities across the English and Swedish policy texts, as similar strategies for political response across different contexts could be interpreted as an indication of the presence of such governmentalised forms of government, and provide examples that illustrate that elusive phenomenon often labelled across many fields of political and social studies as *neoliberalism*, or as 'new formula for the relation between government, expertise and subjectivity' (Rose 1996: 52).

Moreover, I found substantial support for this theorisation in the governmentality literature (Nadesan 2008; Rose 1996; Miller and Rose 2008; Dean 2010), as well as in research examining these processes of rule specifically in government public policy (see e.g., Triantafillou 2012; Collier 2011; Ball 2013; Wright and Harwood 2009). Triantafillou (2012), for example, argues that this Foucauldian line of inquiry is most fruitful when focusing on similarities across cases, rather than differences (Triantafillou 2012: 35f), because emphasising the differences across empirical contexts does not help maintain the focus on the effects of power. Instead, Triantafillou (2012: 38) argues that

similarities across contexts such as the ones I found in my analysis are far more interesting, and could be understood as part of 'hegemonic problematisations'. By this he means that even in countries with different political regimes and contexts (he uses the examples of Britain, France and Denmark), the *same* neoliberal problematisations 'receive very strong support' (Triantafillou 2012: 38).

As I located significant similarities across the two policy contexts in my analysis, which reflect this form of 'governmentalisation' of government, I felt it was possible to subscribe to the idea of processes unleashed by 'hegemonic neoliberal problematisations' (Triantafillou 2012). In other words, I thought of problematisations as having the effect of advancing or privileging a range of neoliberal rationalities and practices, with significant institutional and political reforms as its main effects. This idea is quite attractive as it offers a nice fit, not only to governmentality studies, but also to what researchers have identified as the rationalities and practices that have been reshaping and redefining new public management in the last three decades (see Ball and Junemann 2012; Triantafillou 2004, 2012).

Consequently, I initially took the step to label the similarities I found in my analysis as neoliberal in that they appeared to be replacing other practices. Because the problems I identified were constituted as 'technical' problems of 'administering life', rather than political (Rose

and Miller 1992: 181), the techniques of data accumulation and analysis and probabilistic thinking have secured a dominant position in the ways in which socially relevant meaning is derived and assessed. Hence, practices of instrumentalisation and operationalisation are formed by 'apparently humble and mundane devices' (such as risk calculation, or cost analysis) (Miller and Rose 1990: 8). But these techniques and devices have an impact on the art of governing itself. They are integral to the critique of the inefficiencies and failures of the organisation of the state, the market and society. As such, they sustain the claims that institutional and social reform provides more efficient and fairer results which, in turn, sustain the biopolitical administration of life:

[Sweden 3: 22-23] A truly effective public health must be delivered centred on the integrity and freedom of choice of the individual. Henceforth, the Government intends to focus on effective health promoting interventions targeting the interests, responsibilities and possibilities of the individual to promote their good health. [...] Responsibility for public health does not lie only with government authorities and the organisations that have already an explicit responsibility for health matters. [...] It takes the efforts of most sectors of society – the public, the private and from the third sector, as well as from individuals themselves.

[England 6: 24] A new approach is needed [...] Responsibility needs to be shared right across society – between individuals, families, communities, local government, business, the NHS, voluntary and community organisations, the wider public sector and central government: Individuals should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing and preventing ill health.

The relations established by what could be described as a neoliberal political ontology of governing 'at a distance' translates concerns about political legitimacy into the domain of neoliberal professionalism. By this I mean a professionalism defined by the very techniques and

devices used to measure, and subsequently value, the performance of states, markets, organisations and individuals. 'Truths' emerge from the diverse practices of measurement, calculation and accounting used to assess performances, replacing other forms of knowledge, wisdom or meaning. These truth-telling practices imply a specific relationship between politics and expertise that is not dependent on the individual (see Miller and Rose 2008). Instead, governments relate primarily to forms of knowledge that are reshaping the meaning of effective government by redefining how we measure, monitor and assess what is most effective, more accurate or 'true', and most efficient (Miller and Rose 2008). By doing so, 'truth' is coalesced into the sphere of the 'technical' and the economy and, more importantly, matters of how we are governed are detached from political, moral or philosophical concerns.

These techniques produce the kind of knowledges and analyses that effectively constitute problems as made up from 'interdependent citizens and interlinked social and economic processes that are amenable to knowledge and planning' (Rose et al. 2006: 98). And, in turn, political legitimacy stems from logics that are internal to economic analysis - against which all politics are to be judged - rather than things having intrinsic value or based on shared experiences. This point about how problems might be connected to other forms of truth-telling will be discussed later in relation to the practical implications of

my analysis. In the next section I discuss the second phase of my analysis.

### **7.2.2 Deepening the Analysis**

Although the idea of having identified a trace of neoliberal thinking in the similarities I found in my analysis was satisfactory in that it offered some interesting insights into the relationship between biopolitics and the promotion of neoliberal reform, I quickly realised that the empirical material could not just be reduced to an analysis of similarities. The main problem I encountered was that the analysis would then become highly dependent on the notion of hegemonic problematisations as a meta-category. Within such a category, neoliberalism must be analysed in periodising and, to some extent, totalising terms.

By this I mean that this type of analysis gradually locates us in what is described as global, neoliberal times and the neoliberal society (see e.g. Harvey 2005; Klein et al 2008), where neoliberal rationalities permeate all domains of life. This view is problematic in that it effectively reduces many processes and relationships as functioning only for the purpose of producing, or activating, neoliberal subjectivities; a view that fails to grasp problematisations as the heterogeneous field of power they are (Foucault 2007, 2008; Collier 2009; Koopman 2013; Dean 2013).



The need to avoid such a limited perspective led me to discard the notion of hegemonic neoliberal problematisation and the idea of the central importance of identifying similarities at the expense of theorising differences across empirical contexts. At this point I decided to extend my analysis towards what is distinguishable and different in each case, to better represent the empirical material. Indeed, the material did not reflect governing as the effect of implementing a fixed ideology of neoliberalism across settings, but as a very fluid interaction between neoliberal reflection, and the heterogeneous discourses, practices and structures represented in the policy documents of both countries (cf. Collier 2011).

This new direction involved re-examining the material to find how each problem representation was questioned, redeployed or recombined in the policy documents, forming novel problematisations in specific ways. Turning my attention to the differences, without dismissing the similarities I had identified, meant examining how (neoliberal) concerns about how to govern through freedom, are put into play in each setting. As a multiplicity of context-specific elements (social norms, discourses, practices, institutions) are used to assemble a shared aspiration of governing through freedom, the result is always specific to each setting (Rose et al. 2006; Rabinow 2011; Collier 2009).

By approaching my analysis in this way, I identified several differences between the Swedish and the English texts. In each set of policy documents, normalisation and the subject were addressed differently, producing specific outcomes and relations of power that would not necessarily benefit from being labelled as the outcomes of the same hegemonic problematisation of a neoliberal regime. This is because my analysis shows problematisations of sexual health that potentially produce multiple subject positions (beyond the neoliberal entrepreneurial self), in response to local conditions and constructions of class, sexuality and race. Each of these can indirectly promote positions of privilege or oppression in ways that are relevant only to the sexual and social anxieties and power relations in each setting.

This is not to say that there is no neoliberal analysis and reflection in the discursive formations I have analysed. Indeed, the English and Swedish texts represent the 'problem' of youth sexual health through a shared superficial problematisation of young people's knowledge, identity and behaviour, emphasising their poor decision-making skills and risky choices. However, by examining how these ideas are put into play in each setting, the analysis shows that those problem representations rely upon, and produce, contextually specific constructs. Hence, in the English texts, the construct of the successful young subject is embedded in discourses of economic growth and social mobility, while in the Swedish texts, it is deployed within discourses of

the multicultural society and social integration. Further, on a superficial level, my analysis reveals the same type of binary emerging along the lines of exclusion/inclusion which intertwines class, sex and race through disciplinary tactics of control and correction. However, the resulting subjectivities and relations that are problematised in each context are different and specific to each historical setting. Values and meanings are distributed differently and, with this come different possibilities and positions for negotiating power relations. Again, similarities and differences appear simultaneously in complex formations of power that cannot be reduced to either. It is therefore not possible to say that Swedish and English policy texts respond to the 'problem' of youth sexual health in the same way, despite the similarities I identified in my analysis. Instead, I would say that the aspiration or goal of 'how to govern' is similar across the two contexts, but the governability of problems and subjects only emerge in the specificity of each setting.

### **7.3 Discussing the Framework**

Foucault argues that the 'work of thought' of problematisation is the mechanism through which we are governed (Foucault 1997b), but he did not give any clear direction as to how we could challenge power, or 'not be governed' in this way (Butler 2009: 791). As I mentioned earlier, positioning neoliberalism as a political rationality, ideology or a

hegemonic problematisation implies a degree of reduction of the complexity of the 'present' and does not necessarily produce the kind of theorisations from where we could potentially challenge how we are governed (Collier 2009; Oksala 2013). However, giving analytical priority to what is specific and local without providing points of connection to the effects of power elsewhere is equally limiting. This leaves the question of how to offer useful insights about the effects of globalised or systemic formations (or *dispositifs*) of power without dismissing the contradictions and distinguishable differences in how problem-spaces are contingently assembled across settings, institutions and local contexts.

Foucault set out to do so by examining 'the history of the present', and proposed the idea of problematisations as the analytical tool with which to do it (Koopman 2011). Problematisation as analytics allowed Foucault to identify something that is taken for granted today, and trace its problematisation in history, identifying the 'problems' that forced new theorisations or understandings of 'the present' (see, e.g. the ordoliberal, in Foucault 2008). Based on my analysis, I argue that Foucault's analytics can also be used in comparative analysis to examine the connections between assemblages of power across different settings. By this I mean that Foucault's frame of biopolitics (how biopower is contingently assembled) can be used as analytical tool to capture the systemic reach of power being deployed, across the

differences between empirical settings. As such, it serves as an analytical bridge, but without falling into the trap of dismissing local differences in search of empirical examples of neoliberalism, neoliberal policies or neoliberal societies. The analytical 'bridging' strategy is exemplified by the way in which I identify the connections between the objectives of power (developed in Chapters Four and Five) which are similar across the two sets of policy documents, and the effects of power (developed in Chapter Six) which reveal the differences between the two. The frame of biopolitics is able to put similarities and differences in relation to each other to strengthen, rather than weaken, the analysis. By this I mean that my analysis is capable to connect the shared abstraction and rationalisation of youth sexual health as a technical problematic of government, to the contingent and specific formation of subjectivities, relations and norms. It does so by illustrating the biopolitical function (how they make sense biopolitically) of each specific discourse, practice, subject position or norm. In other words, the frame of biopolitics reveals the contingency of 'truths', but also how contingency is more 'ordered' than random. I explain this argument further in the section below about the theoretical implications of my analysis, followed by a discussion about the practical implications. Before doing so, I now discuss the limitations and problems of my analysis.

### **7.3.1 Limitations of my Approach and Analysis**

The issue to be discussed here is the questions of validity which to my mind translates into questions about the way in which I have used and arranged the elements of my empirical analysis in order to arrive at conclusions that I believe are valid. I address these questions in two forms: first in empirical considerations of using policy texts as data and, second, in theoretical considerations of the appropriate use of Foucault's analytics, categories and concepts.

The first issue I will discuss with regard to the empirical analysis is the problem of selecting a body of text to form my empirical material. My concern here is how well the material corresponds with my analytics. I understand the analytics I borrow from Foucault's genealogy as an instrument that can be applied to any field, but for specific purposes. In accordance with that view, my intention to examine the way in which states govern through problematisations, I limited the selection of material to a small number of key policy texts. As discussed in Chapter Two, policy text would not have been the appropriate empirical material to examine, for instance, how different actors (health professionals, teachers, students, etc.) negotiate, contest and navigate government programmes and goals.

However, I think that there is a case for strengthening the selection process of policy texts; possibly by collecting interview data from

individuals internal to the institutional context from where the texts were chosen (face to face, phone or email). Instead, the task of supporting the selection process was divided between the review of the secondary sources (see first part of Chapter Three) and the selection criteria. This meant, first, becoming familiar with the policy documents through an initial process of mapping the networks of policies and institutions; second, getting a better understanding of each document through the literature review; and third, make a final selection by applying my selection criteria as detailed in Chapter Two. However, there is something to be gained in capturing further nuances in the 'serious speech acts' (Rabinow 2003: 20) of policy documents. A dialogue with an insider with personal experience or knowledge of the policy documents might have been more insightful than my mapping and review of the texts (cf. Ball 1993, 2013).

My framework seeks accountability, as described in Chapter Two, through my selection criteria, particularly in regard to the relevance of certain texts within the network of documents they belong to. Hence, I gave special attention to texts that were referenced several times within, or across, documents, assuming that this frequency could be signalling relevance, making a text more significant than those that were mentioned only in one document, or only once. However, relevance is not necessarily captured by frequency count. Such selection criterion force researchers to pay less attention to texts with

low frequency counts and, by doing so, something significant could be missed. This is because a relatively new document may not have achieved many citations in the policy network. Also, an idea appearing at the margins of the policy network may well represent the beginning of an important shift; where a new element is emerging. To avoid missing or failing to recognise the actual relevance of the texts, the selection process could be complemented with interview data. Individuals that have gained inside knowledge of the policy field and its documents through their work or personal experience (e.g., civil servants, professionals and politicians) would be the ideal interview subjects. I suggest that interviews with those internal to the institutional contexts in question, could have been used in this thesis as a way to reaffirm the validity of the empirical material. These interviews would not have been used as empirical data, but as a way to guarantee that any nuances that were potentially missed, in relation to the relevance of each selected document, is adequately captured and reflected in the analysis.

For any future studies following this kind of policy analysis, I suggest careful attention be paid to the way texts are selected as the importance of how the body of empirical material is formed cannot be overestimated. In my view, policy texts do represent useful empirical data, but the selection process has to be purposefully and carefully choreographed.



### **7.3.2 Theoretical Considerations**

This section deals with the validity of the analytics I have deployed, specifically key parts of Foucault's work. Foucault's own reflections about how he applied his methods advise against any kind of conceptual generalisation (Burchell et al. 1991). The key issue is to make sure that the conceptual tools we use, do not constrain the variabilities and content in our attempt to explain or describe our observations. This point is applicable on many levels. At the level of textual analysis I encountered a problem when trying to discern the similarities and differences between the two settings. I tried to address this issue by deepening my analysis to be more sensitive to the empirical material, as I have described earlier in this chapter.

An important issue to keep in mind when deciding how to treat and apply Foucault's conceptual tools, especially at the level of basic categories, is the consideration of the critical voices that have pointed out Foucault's failure (or refusal) to address essential knowledges related to gender, colonialism and racism. As Stoler (1995) noted, Foucault ignored colonialism in his analysis of forms of liberal rule, and addressed gender and racism in ways that Stoler (among others) saw as unsatisfactory (see also, Mignolo 2005). In my analysis, I deploy Foucauldian categories in a similarly uncritical way, which implies a level of totality and eurocentrism in the place that modernity, capitalism and the State hold in the theoretical and political

imaginings Foucault proposes. A failure to acknowledge this stance would devalue my choice to use Foucault's categories. My choice to apply Foucault's categories somewhat uncritically stems from what I believe is their historical relevance and applicability for the two Western countries I have examined. Having said that, I would caution any future researcher to approach these categories with more careful attention before transferring them into non-Western contexts, particularly where eurocentric knowledges and euro-modernity are categories that are deployed as tactics of geopolitical security/dominance. However, avoiding the pitfalls of applying essential categories is not easy, particularly considering how there is ambiguity as to what constitutes non-scientific/non-Western forms of knowledge and the boundaries and conditions of their validation (Nunes 2009). A possible point of departure may be to say that the Foucauldian categories can be adequately deployed, as I believe they are in this case, as long as they are accompanied by an acceptance that, as Spivak (2011: ix) argues, theory must not, in fact, does not 'look the same everywhere'.

#### **7.4 Theoretical implications of the Analysis - Sexual Health and Biopolitics**

While Foucault's approach has been central to the emerging field of sexual theory and politics, in particular in combination with Butler's

(1999) work on sex/gender (see e.g., Allen 2008; Monk 1998; Irvine 2000; Youdell 2006; Rasmussen 2012), the implications of Foucault's frame of biopolitics have received far less attention. Biopolitics has penetrated public health and policy studies to some extent, particularly through governmentality studies (see, e.g., Lupton 1995, 2013; Wright and Harwood 2012; Gastaldo 1997), but enjoyed less interest in social and cultural studies, and the fields of sex and gender. These fields have applied Foucauldian concepts when seeking to reveal the historically contingent discourses and the specificities of local experiences of oppression and exploitation, but when doing so, phenomenological, cultural or psychoanalytical perspectives have tended to dominate (Chambers 2007; Katz 2007; Repo 2015).

I believe there are significant contributions that the frame of biopolitics has to offer these fields. This is particularly the case in relation to the challenges posed by the effects of neoliberal thought and reflection. Biopolitics, as I mentioned in the introduction to this chapter, is capable of defining a position from where critiques of state power or 'neoliberalism' can be produced, without totalising, or wrapping the empirical material in explanatory accounts (see, Koopman and Matza 2013) in ways that are either reductionist or totalising (see, e.g., Klein et al. 2008; Walby 2011; Pearson and Elson 2015).

Equally, when phenomenological or psychoanalytical perspectives that emphasise context and experience are applied, researchers may fail to address the implications of neoliberal critique if the systemic operation of the mechanisms of power (sovereignty, discipline and security) goes unnoticed. Hence, the task is to theorise bridges that can reach across contexts to reveal the effects of power not only as contingent, but also as systemic. A biopolitical frame contributes to these perspectives, in that it implies seeing things like gender, sex and race, not only as emerging in relations of power, but also as emerging as part of the continuous successive problematisations of how to govern life (and death, see Foucault 2003). In a biopolitical frame, discourses of sex, race, class and age are not understood as effects of social norms, but as effects of the problematisation of the administration of the living (socially, economically, politically and scientifically) in a particular historical moment and context (Foucault 1997b).

Such a perspective is necessary when trying to address the issue of neoliberalism, which has become a central debate in social science. Indeed, positions range from arguments that neoliberalism does not exist (e.g., Barnett 2005) to positions that locate neoliberalism at the core of experiences across a vast range of domains and settings (e.g., Ruhl 1999; Harvey 2005; O'Malley 1996). Of course, the question of how neoliberalism relates to biopolitics was not resolved by Foucault, and continues to pose challenges to the theorisation of how we are

governed today (see Gordon 1991; Rabinow and Rose 2006; Brockling et al. 2011; Walters 2012). Nonetheless, Foucault's frame of biopolitics gives us some powerful tools from where to explore the relationship between the systemic mechanisms and operations of power and the specific, empirical and contingent conditions in which they are deployed. This is where the potential of the frame of biopolitics lies (Collier 2011; Rose et al. 2006).

In my analysis I made use of the frame of biopolitics in seeking to theorise such a bridge; examining and comparing the systemic deployment of dispositifs of security, without failing to highlight the specificity of how bodies are classified, sexualised and racialised. Local experiences, or that which is distinctive, contradictory and different in each context, are part of a wider 'system of correlation' (Foucault 2007: 8). To analyse biopolitics is to reveal that system in order to develop the necessary foundations for effective dissent or critique of the effects of neoliberal thought.

This last point refers to the problem of addressing neoliberalism as a fixed set of policies or rationalities to be implemented in order to dismantle the welfare state (Walby 2011; Klein 2007). My analysis found policies and programmes that emphasise certain narratives of individual responsibility for sexual health (and the blame for sexual ill-health) which have discursive and material (potentially negative)

effects for many young people, and girls in particular (Bay-Cheng et al. 2011). However, I have tried to avoid theorisations that reproduce a welfare/neoliberalism dichotomy that is unhelpful (Collier 2011; Oksala 2013). Instead, my analysis of the Swedish and English cases has highlighted the specificity of when and how a discourse can come to be recombined and re-deployed as serving the promotion of sexual health (of the population, or life-species). In my analysis, I found processes of co-optation through which discourses that previously posed threats (risks) can be reversed from danger to norm (see the second part of Chapter Six).

For example, the expansion of biopolitics in the Swedish case required the assimilation and domestication of feminist struggles, as tactics of social cohesion. Feminism is re-cast and disciplined as 'normal' Swedishness, re-problematizing sexuality as (white/Nordinc) sexual citizenship, with a biopolitical function of surveilling (to identify dissidents within the equality/Swedishness project) and disciplining problematic individuals accordingly. In this re-invention, specific to the Swedish context, discourses of cultural difference and racial tension are problematised as threats to biopolitical security, in that they bring 'foreign', unwanted elements into the population (behaviours, diseases, risks, norms). The biopolitical expansion is materialised in the institutionalisation of feminism and queer radical theories (as gender equality and diversity policies). Institutionalising radical

thought domesticates any threats, and simultaneously regulates, in this case, multiculturalism by targeting racialised bodies, rather than social and economic inequalities (migration, crime, drugs, poverty).

This is how biopolitics expands, it must take elements that threaten biopolitical security and co-opt them in such a way that dissent is made irrelevant. For example, radical struggles of feminism and the rights of homosexuals were previously problematised as carrying a threat to security in that they threatened the reproductive capacity of the population (see Repo 2013: 20). However, by co-opting them into biopolitical objectives they can carry a function of promoting, or expanding security. Indeed, their function, as normalising elements of Swedishness, is essential to identify and define those deemed to pose risks to the Swedish project of the 'multicultural society' (by virtue of their perceived backward attitudes to gender and foreign subjectivities).

A similar process is present in the English documents, where the domestication of feminist struggles, is picked up by neoliberal critique of economic dependence and the burden of unemployment. This strategy provides biopolitical expansion through a post-feminist appropriated discourse for the domestication of class struggles. This re-deployment of class and gender is specific to the English context as it represents young female independence and agency as the

capitalisation of social and economic risks; a tactic of securing social mobility by targeting the poor with political action that is supported by economic analysis and, most importantly, in such a way that it does not challenge inequality or the 'un-mobility' of the rich (see Chapter Six).

In other words, both the Swedish and English cases reveal tactics and techniques of government that are deployed through the strategic renovation and expansion of the parameters of normalcy (of the middle-classes in the English case, and of the Swedish national and cultural identity in Sweden). This is because the expansion of the biopolitical range means that discourses *must* be reinvented, not as a dangerous or radical discourses, but as depoliticised and normalised practices (Katz 2007). As seen in my analysis (second part of Chapter Six), in the Swedish case, practices must be normalised as integral to what is distinctively Swedish(ness), while in the English case, practices are normalised when they reflect middle-class values and attributes.

Key to the process of biopolitical expansion is a successive problematisation that continuously incorporates and re-invents its constituting elements, shifting and turning in each successive problematisation. Every element that is brought into the realm of biopolitics, in turn, provides biopower with new techniques and



practices for re-ordering and re-deploying the apparatuses of power in new and creative ways (Foucault 2007).

This is where the importance of the role of neoliberal reflection is most visible. Just as problematising urban modernity provided the tactics of enumeration, planning, social research and policy, making the regulation of 'the population' possible in the first place (Foucault 2007), dynamic neoliberal thought offers a diverse range of tactics upon which biopolitical governance can expand. These tactics allow the re-ordering of power so that government is secured by the 'truths' of the market (rather than the sovereign), because 'the principle of security which operates biopolitically is fundamentally that of economy' (Dillon 2015: 48). In this way, the state rules by the 'truths' that also provide the techniques for regulating a whole range of human experiences in the economic, social and physical realm (Foucault 2007).

The key mechanisms, however, is expansion. As some have argued (Koopman and Matza 2013; Brockling et al. 2011; Walters 2012), this is why Foucault made an important correction to his initial construction of power as 'micro-physics' in his earlier work (see Foucault 1977, 1978), proposing a new direction for his research (see Foucault 2003). The purpose of his new direction was to develop the kind of concepts that could explore the co-evolution of the modern state and the modern subject, mediating *between* power and subjectivity. For this purpose he developed concepts such as biopower, biopolitics and

governmentality (Koopman 2013; Villadsen 2015; Rabinow and Rose 2006; Collier 2009).

This change in focus is because the tactics provided by neoliberal critique (e.g., competition, rational choice, entrepreneurship, risk, etc.) in each successive problematisation, offer, in its response to new 'problems', new ways to connect the governing of the state/population, to the governance of the subject/body. Further, new techniques (e.g., calculation, measurement, surveillance) constantly produce new objects to know and govern.

My argument, then, is that while the massifying processes of administering the population can, to some extent, be understood as globalised (the abstraction of the problematising activity into, e.g., risk assessment), processes of normalisation and subjectivation in which these are deployed, are not. However, the relationship between the two levels is one of interconnectedness. That is how international regulatory techniques, such as the country level performance measurements and comparisons discussed in Chapter One, become politically relevant for domestic politics. Local objectives of biopolitical governing make such techniques transferable across contexts as both national and international spaces become increasingly governmentalised (Dillon and Lobo-Guerrero 2008; Triantafillou 2012).

As I argue in the final part of the analysis in Chapter Six, tactics flow through the specific political structures, discourses, mechanisms, norms, subjects, and relations to produce the actual *effects of power* of how we are governed within a context (Collier 2009; Villadsen 2015; Dillon and Lobo-Guerrero 2008). As Collier (2011: 17, emphasis in original), writes:

There is no underlying 'logic' of biopolitics [...] What is most interesting in Foucault's work [...] is an analysis of the successive *formations* of biopolitical governing, and of the different ways that biopolitics has been *problematized*.

Hence, what the successive, global, neoliberal reflections in biopolitics are, is a whole range of successful tactics supported by economic analysis ('truths' of the market) for the constitution of effective connections between the state and the subject. These governmental ambitions link governing as an institutional practice (governing rendered as a technical problem), to the 'micropolitics' of governing the self (subjectivity and normalisation). They do so to the point where, as I explained in the previous section, it becomes difficult to effectively distinguish them analytically.

In conclusion then, the theoretical implications of applying the frame of biopolitics in my analysis is that it makes it possible to adequately address the contingent historical factors that are empirically distinctive in each setting – such as the production of discourses of multiculturalism, feminism, and resilience – while also highlighting how

these emerge in the active engagement and interaction of local politics with increasingly 'marketised' and globalised objectives of power. These objectives emerge from heterogeneous neoliberal ideals of modernity that are materialised through creative tactics (e.g., efficiency, competitiveness, rational choice, knowledge-based regulation, etc.) and techniques (e.g., the normalisation and appropriation of feminism; the domestication of politics through the capitalisation of risk, see, Chapter Six), that ultimately re-deploy and re-produce systemic forms of power and domination (cf. Repo 2015; Collier 2011; Dean 2007; Dillon and Lobo-Guerrero 2008; Rose et al. 2006).

## **7.5 Practical Implications of the Analysis - Power, Knowledge and Practice**

So, what does this mean and how is it useful in a practical sense? Well, considering how knowledge of a subject is taken here as necessarily active and constitutive then judging research on its political effects is just as reasonable as scrutinising its standards of scientific rigour and internal consistency. My approach to knowledge is political, and therefore the analysis I make is useful if I can make a political, moral and ethical stance from it (see Sandoval 2000; de Sousa Santos 2007, 2009; Mol 1999, 2002; Spivak 1990). In this section I will therefore relate my analysis to a number of issues in relation to sexual politics in

general, and sexual education in particular, in ways that reflect my commitments to sexual and social justice.

Mol (1999) developed the notion of 'ontological politics' to emphasise that research methods are not instruments that capture something distinctively separate from the researcher, but need to be treated as 'interferences' instead. As argued by Mol (2002: 155): '[M]ethods are not a way of opening a window on the world, but a way of interfering with it.' Bletsas and Beasley (2012) pick up this point and argue that if we accept that 'reality' is socially created with 'truths' being discursively produced effects, then what do we do about the 'truth' that we as researcher-subjects produce? As Bacchi (2012) suggests, the problem of the researcher's role in this sense goes much deeper than discussions about research ethics and needs to be tackled reflexively, in other words, by posing the question: what are the 'interferences' of my research?

First, my analysis throws new light onto the problematic 'truths' about English youth, young people, Swedish gender equality, or any 'truth' emerging from comparisons which measure country level performances. The frame of biopolitics in my analysis challenges the narratives and self-perceptions of nations and populations as sexually good or bad, safe or risky, open or repressive. By doing so, it also offers an alternative to competition as the meta-narrative of such

'truths'. Comparisons are both surveillance tools and governing tactics in themselves, that feed into policies and help shape the problematising activities of government responses. In what follows, I discuss this argument further and the implication of my analysis for this particular issue.

### **7.5.1 Comparisons and Competition to Achieve Freedom**

As seen in Chapter Six, rationalities and technologies of governing do not solve sexual health problems; they respond to the problematics of biopolitical governing. As such, problematisations disregard knowledges that create dissonance with the objectives of power. The formulation of political goals (in terms of national growth, security, public health, etc.) depend on knowledges that align with the biopolitical objectives of the state. The techniques and tactics of the market inherent in neoliberal governing (competition, adaptability, flexibility) are essential for the reconstruction of the state as autonomous, dynamic and competitive.

Knowledges that emphasise complex processes of interdependence and contingent subjectivities produce diffuse notions of agency which cannot be easily located or positioned according to the logic of competition.

In biopolitical practices of truth-telling, knowledges that cannot be visualised through measurement, comparison and competition become invisible. Meanwhile, the logic of competition becomes the norm of how we become visible and analysed. In reality, it is England and the English deployment of competitive norms of procurement and commissioning that is a model of 'best practices' for Sweden (see Chapter Six), although this is not part of the sexual health narrative of either Swedish sexual health policies, or the English ones. As seen in Chapters Four and Five, both governments argue that continued uncertainty, inequality, risk, etc. is a result of lack of knowledge, data and surveillance, rather than a different kind of knowledge. Alternatives knowledges create a 'dissonance' that threaten the coherence of problematisations (in their 'system of correlation') and therefore remain silenced.

As I discussed in Chapter One, the logic of competition is also part of the politics of comparisons used to define the self-perception of England (and its narrative) as lacking something in its relationship to the international 'other'. Sweden, on the other hand, invests in its self-perception of Sweden as a model of successful sexual policy. However, as seen in Chapter Three, Swedish institutions have articulated sexual health policies with an international audience in mind, and poured these into the international arena long before any domestic policy framework was established. Sweden's eagerness to formulate sexual

policies for the international stage, but not its own, is a response to a problematisation that only becomes relevant in relation to the 'other'.

My analysis does not say anything about the performance of each country, and does not establish a relationship where competition is even possible. Instead, it shows that any behaviour can be problematised as good, safe, bad, ignorant or risky, depending on how it is aligned within the other knowledges and elements of the problematising process. Indeed, these are complex narratives that everyone helps co-create, shaping our self-perceptions and our relationships to the 'other'.

Here, measuring performances, competing and comparing what works are not just the basis for data collection, they reflect the relationship of power to knowledge and to the self, not as measuring tools, but as a constitutive part of the technologies, techniques and tactics of security. This is an important issue to consider when the strategy to address complex, co-created, socio-political realities continues to be targeting young people and their knowledges in the name of 'risk, prevention and protection'. In other words, when individual 'freedom' is being mobilised within neo-liberal techniques of governing to promote health, well-being or any other characteristic of the living.



The argument I want to make here is not to stop educating young people (or adults for that matter) about sex and relationships, but to consider the implication of this particular constitution of freedom and its effects, including the notion that we can copy the 'success' of other countries while competing in the 'onto-politics' that indices, indicators and probabilistic analysis produce. To instigate further problematisations of the effects of power is most relevant in a field like sexual health promotion which, as seen in Chapters Three, Four and Five, is of a central importance in biopolitical governing.

The question is how to start forming the contours of a freedom that is untangled from the biopolitical objectives of power, and is liberating rather than constraining in its effects.

### **7.5.2 Thinking of Alternative Fields of Action**

One aspect that is central to my overall argument is the issue of beginning to distinguish between freedom as a technique of biopolitical governing, and humanising commitments to social justice. As seen in the analysis in my thesis, there is a blurring between coercion and consent in the mobilisation of freedom in neoliberal governing, most apparent in the effects of what we do in the name of preventing risks and protecting futures, especially in the case of young people whose autonomy and ability to self-govern is already in question.

The question is about opening up a discussion about the fields of action, specifically by studying how we are governed. On the one hand, the difficulties of differentiating liberating practices from freedom as a technique internal to security, makes the task of resisting the biopolitical security difficult to begin with. However, it is precisely within arenas of biopolitical significance (where 'problems' such as poverty, insecurity, sexuality, multiculturalism) emerge that practices of resistance can deliver transformative and alternative fields of action (Robinson and Davies 2012; Greteman 2013).

One key point my analysis makes clear is that biopolitical objectives and knowledges (and the capitalist institutional arrangements in which they operate) will continue to develop successive forms of problematising youth, sex and risk. We can already begin to envision how, in the era of online, real-time consumer surveillance and profiling, in the constant feed of information captured by our communication devices and our social media and sharing habits, new techniques and tactics are becoming available in the expansion of the biopolitical regulation of sexual self-care (Lupton 2014).

We can speculate about the possibilities of these new technologies and practices offering innovative solutions for both the market and politics, while also addressing some methodological problems and limitations of

the current knowledges available. Indeed, profiling and predictions based on accumulating individual risk factors has been, and continues to be, criticised in academic debates (see Chapter Three). Biopolitics responds to methodological limitations through expansion, integrating new techniques which allow a continuous feed of real-time data collection and analysis, while avoiding knowledges that cause dissonance. We can therefore predict the unlimited potential of expansion through 'big data' analysis, which opens up new and creative ways of seeing and thinking about 'security'. My argument here is that the imperative to limit government and promote individual 'freedom' leads to indirect governing which stimulates continuous demand for new data. And the capacity of governments to capture and analyse data is growing exponentially. The potential field of action is therefore also potentially endless, allowing governments to tailor strategies and tactics to be targeted according to, and through, detailed consumer profilers, not based on the aggregation of data, or the population as mass, but based on individualised, live surveillance data instead.

Eventually we may find policy and marketing strategies that target youth converging into one tailored and individualised data profile. Profiles can collect data from a new variety of sources (e.g., pornographic browsing and sexual content preferences, social event attendances, dating sites, associations and group affiliations, shopping and consumption preferences, including contraceptive product

purchases, etc.). Data is currently being mass collected and used to provide tailored contraceptive marketing and online sexual health services, real-time STI screening and individualised self-care tools, but the potential of 'big data' analysis as a biopolitical technology is yet to be seen (Lupton 2014; Koopman 2014).

It is difficult to foresee how, in the re-deployment of power mechanisms, this kind of 'big-data' feed and analysis of population trends and patterns might change the way youth sexual health is governed. However, the new 'big data' techniques and practices will undoubtedly expand the possibilities for how we connect individual bodies to complex economic, political and social processes, making new flows, patterns and circulations visible, where new governable 'problems' are sure to arise. In this context, where is our focus? While successive forms of problematising the biopolitics of governing life seems to permeate all aspects of life, our attention should be in trying to distinguish and disentangle our objectives from the objectives of power, paying particular attention to processes of appropriation of radical discourses and the inherent de-politisation of the institutional context. My own experience of teaching sexual education forces me to recognise the difficulties of not advocating sexual education practices through promises of influencing individual behaviours to reduce, or manage, sexual risks. By disentangling ourselves and our practices from biopolitical regulation we reclaim a position from where to critique

power and formulate dissent, and, in turn, re-establish the boundaries of meaningful consent (Butler 2009).

### **7.5.3 Appropriation and Domestication**

The continuous expansion of biopolitical capacity is coupled with a continuous reinvention of security through successive forms of analysis and problematisation which are able to co-opt freedom and other fundamental intrinsic values (equality, democracy, rights, etc.). The process of expansion is itself a process of colonisation, appropriation and domestication of threats, such as radical discourses and the politisation of subjectivities and practices. The process of re-deploying the mechanisms of power implies a successful appropriation and domestication of threats, which become instrumental in the continuous processes of sexualisation, racialisation and classification of bodies.

As I have argued earlier, it is because biopolitical expansion operates through appropriation and depolitisation that it becomes difficult to discern and separate coercion from consent in the effects of power. In order to produce more desirable effects, we cannot rely on biopolitical objectives; we must be able to untangle ourselves from biopolitical governing and its (neoliberal) effects. I find that it is the appropriation and domestication, rather than forms of exclusion and silencing of radical thought, that is producing entanglements. Here, I am referring to the entanglements between humanising commitments and historic

struggles for sexual, racial and class justice, and the biopolitical objectives of growth, rights, national wealth, population, reproduction, well-being and health. The result may appear familiar and progressive (gender equality, health promotion, empowerment) but should not be confused with the disruption (and ultimately the elimination) of oppression and domination.

Repo (2015: 171) makes this point in her analysis of the biopolitics of gender, suggesting that feminism should be understood as entangled with neoliberalism, being enabled by and aligned to biopolitics, in that it:

[B]ecomes complicit in the liberal governmental premises of freedom and security when it accepts the liberal biopolitical premise that treats life as “constantly exposed to danger” (Foucault 2008, 67).

The premise of life being constantly exposed to danger is the conceptual logic behind governmental rationalities of risk, and precisely the kind of entanglement that legitimises action in the name of preventing or promoting our health. It is also such entanglements that are capable of reinforcing, reversing or countering the functions of a radical discourse through tactics of security to serve neoliberal aspirations of progress, and become so problematic, as seen in the case of Swedish and English sexual health policy documents. The question then is how can objectives and effects be strategically disentangled?

A possible way forward may be found in the creative re-combinational process involved in biopolitical expansion itself. The analysis in Chapter Six highlights the dynamism in the constant rethinking and reproblematising activity in the deployment of power. According to Foucault (2007) its creative capacity is the reason why biopower so effectively manages to align multiple and heterogeneous elements into a functional and coherent 'system of correlation' (Foucault 2007: 8) upon which a viable field of action can be established. Spontaneous creativity does not make biopower less systemic, but it does imply that, as practitioners, we must be equally fluid and creative, ready to question and re-invent our concepts when we suspect that they have become entangled and complicit with biopolitics. The process of re-invention must be strongly grounded in our own objectives, thus, emerging foremost from local experiences and theorisations of oppression. In order to contribute to this kind of discussion about alternative objectives, in what follows, I discuss what kind of strategy, tactics and techniques might be interesting to consider.

#### **7.5.4 Objectives of Solidarity - Strategies of Translation - Techniques of Comparison**

The practices of sexual health promotion, as analysed in my thesis, are best understood as part of the state practices of biopolitical governing. These practices are built upon the truth-telling practices of the social

and medical sciences, uncertainty and risk. As such, these are practices that perform a vast range of governmentality functions, including the production of narratives and subject positions about different categories of living things and how to administer their governability in the most effective way possible. The kind of productive connections that can continuously be made between different aspects of the life of populations through the strategies and tactics of security are always accompanied by complex processes of sexualisation, classification and racialisation that emerge in practice and sustain systemic forms of domination.

However, as I have already pointed out, any arena of significance for biopolitical practices of truth-telling, such as the educational practice of sexual health or sexuality education automatically constitutes a strategic arena for the examination of practices of truth-telling and the sexualisation, classification and racialisation internal to institutional contexts. The issue is how to develop strategies for dissent and action in such arenas (Butler 2009).

Theoretically, actions could be thought of as counterpoints to truth-telling, particularly to truth-telling that constitutes problem-spaces outside of biopolitics, connecting fields of objects in ways that destabilise the onto- and epistemological truth claims of us as living and political beings. Practically, we can start to work on the



disentanglement from biopolitical objectives by renouncing the supremacy of the employment of analysis internal to security (collection and compilation of statistical data) as the ultimate path to derive socially relevant meaning. Instead, data analysis, dissemination and consumption could be judged according to its ability to create solidarities within and across empirical contexts and experiences, and its effects on the advancement of our commitments to social and sexual justice.

Considering the Swedish case, for example, it is essential to re-invent the feminist commitment to sexual and gender justice as disentangled from the governmental projects of state-sponsored gender equality and sexual citizenship, and turn attention to forging new connections and political solidarities with the complex sexual struggles of many migrants, minorities and refugees. What are the experiences of migrant youth, their sexual, social, economic struggles, in the context of migration and settlement in Sweden? A strategy of solidarity based on constructing counterpoints of biopolitical truth-telling can begin to lay the ground for new political, social and economical territories and struggles for feminisms in Sweden; breaking the bond with the gender equality project which was born into an exploitative political economy that is increasingly harsh on migrant lives and bodies (Bredstrom 2009; Martinsson 2016).

Disentanglement means a rejection of the 'good' and 'bad' sexualities and cultures constructed on notions of the gender equality norm, and the new exclusions and oppressions that norm imposes. This is particularly urgent in face of the sexual and cultural racism and discourses of cultural assimilations that thrive across Europe and remain unchallenged in the current climate of a 'gender equal' Sweden (Fassin 2011; Bredstrom 2009).

Equally, in England practices should seek to create new bonds of solidarity along the sexualised territories of 'economic inclusion'. In practice, the disentanglement of commitments means the deployment of strategies that highlight the limitations of biopolitical actualisations of freedom (including gender and diversity policies) that are invested in the reproduction of de-politicised and technical solutions, located within the economic domain. By this I mean, filtering and distinguishing practices that enact management of risk as a management of poverty, without challenging the onto-politics of inequality. Hence, advancing counter truth-telling dedicated to unveiling how biopolitical freedom is inherently linked to trans-economic relations of domination. The effects of the governance of youth in the English material are examples of the biopolitical objectives of managing risks in trans-economic terms. By this I mean, that state practices seek to secure economic concerns through the capitalisation of the non-economic, producing concerns about lifting working-class girls' educational and career aspirations

'beyond motherhood', in ways that resonate with the priorities and privileges of the middle-classes. In the process, the agendas of advancing radical thought and the political commitments built through historical struggles for justice and liberation become entangled with an agenda that emerges from the logic of competition and shares a common platform of 'truth-telling' with an inherently exploitative and divisive political economy. The same applies to any promise of gender or sexual equality that attempts to distinguish itself from (or appear neutral in relation to) struggles of economic and political justice (e.g., gay marriage).

In the face of the difficult task I have outlined so far, I suggest a strategy can be built on the grounds of solidarity as a form of resisting the logic of competition. The task is not a simple one and demands sensitive, continuous and dynamic attention to the local effects of systemic power, turning attention to the range of struggles and experiences of oppression. For this reason, I regard the position of sexual and health education as a useful platform for constructing 'translations'; where connections and bridges between and within these heterogeneous experiences can start to emerge and grow into new concepts that help us describe domination across and within contexts. The task for practitioners in the field of promoting sexual health goes far beyond learning about the chances of getting Chlamydia if you fail to wear a condom. Youth clinics, forums and classrooms could be used

a meeting places for young people to connect, and begin to explore their social and sexual struggles and connect them to those of others in multiple and diverse ways, laying a foundation for counter truth-telling practices. This is not an easy task, but it does have direction.

## **7.6 Summary and Final Remarks**

In this final chapter I have discussed the implications of the analysis, my thoughts about the analytic process, and some key considerations about the use of the frame of biopolitics in this thesis and in future research. The frame of biopolitics has been used in this thesis as an instrument of experimentation, analysis, thought and critique. My conclusion is that if the objective is solidarity, and the strategy is translation and building bridges to interconnect local experiences, then comparisons may serve as a useful point of departure. Since our own experiences are problematised by others, and ourselves, emerging as stories of self-actualised success or tragic individualised failures, comparisons can function as a tactic of resisting problematic entanglements and domestication, instead of serving under the logic of competition; to measure, evaluate and define us. This can be done by using the frame of biopolitics, particularly by emphasising the comparison of the local effects of the biopolitics of security. In this way, we can re-claim the technique of comparison within our practices of researching, learning, teaching and sharing: not as an element of the

tactic of competition, but rather, as a technique for strategic translations and advancing new solidarities.

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## Appendix A.

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